

DON'T HOUND ME:
THE EFFECT OF A MOTHER'S TYPE A BEHAVIORS
ON THE FAMILY SYSTEM

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BY
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To Elizabeth

My wife, my companion, my soul and heart.

Thank you for believing in me, even when I didn't believe in myself.

The body is a unit, To Elizabeth - is up of many parts;

My wife, my companion, my soul and heart.

Thank you for believing in me, even when I didn't believe in myself.

--1 Corinthians 12:12, NIV

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THE PROBLEM'S SETTING

ABSTRACT

Marriage and family life can, at the best of times, be stressful as the members of the family negotiate their roles within the family and outside in the larger society. Every married couple, every family, works to develop their own ways of interacting within the family system. Through the process of the clarification of expectations and the realistic creation of the roles and responsibilities of family life, the family system is established in infancy. When a person exhibiting these characteristics enters marriage, there can be numerous difficulties with the spouse and later with any children. The effects of a woman's Type A personality upon the relationships with others in her family are examined through the use of a case study with one family in therapy. One possible avenue for therapy, Minuchin's Structural Family Therapy, is explored as a possible effective tool in the therapeutic process.

This, however, becomes much more difficult and problematic when a member of the family struggles with his or her own intrapsychic and family-of-origin issues. These may lead to a myriad of dysfunctional ways of relating that inhibit intimacy and optimal family growth and health. A person's family-of-origin issues often result in the lack of a feeling of security with and interrelatedness with self and others. This lack of attachment to self and others further results in the decrease of the person's ability to negotiate developmental milestones, resulting in an inability on the person's part to relate effectively with others.

This inability for relatedness often correlates with certain behaviors. One of these intrapsychically oriented modes of behavior is the Type A Behavior Pattern, or Type A Personality (Friedlander & Rosenmann, 1974). As the person who evidences this cluster of behaviors interacts with others, development of a marriage and the appropriate integration of family life may easily be thwarted through a diminution of appropriate

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Marriage and family life can, at the best of times, be stressful as the members of the family negotiate their roles within the family and outside in the larger society. Every married couple, every family, works to develop their own ways of interacting within the family system. Through the process of the clarification of expectations and the realistic creation of the roles and responsibilities of family life, the family system is established. "The family is a self-correcting system that governs itself through rules established over a period of time by trial and error" (Burbatti & Formenti, 1988).

This, however, becomes much more difficult and problematic when a member of the family struggles with his or her own intrapsychic and family-of-origin issues. These may lead to a myriad of dysfunctional ways of relating that inhibit intimacy and optimal family growth and health. A person's family-of-origin issues often result in the lack of a feeling of security with and interrelatedness with self and others. This lack of attachment to self and others further results in the decrease of the person's ability to negotiate developmental milestones, resulting in an inability on the person's part to relate effectively with others.

This inability for relatedness often correlates with certain behaviors. One of these intrapsychically oriented modes of behavior is the Type A Behavior Pattern, or Type A Personality (Friedman & Rosenmann, 1974). As the person who evidences this cluster of behaviors interacts with others, development of a marriage and the appropriate integration of family life may easily be thwarted through a diminution of appropriate

boundaries and the inauthentic and inappropriate development of roles and responsibilities within the family system. The constellation of behaviors that constitute the Type A personality propels itself toward mistrust of others and the felt necessity to control the other people's thoughts and actions. The inability of the Type A person to understand and empathize with others leads to inevitable conflict within the system, which, if not ameliorated, can lead to emotional (and, at times, physical) abusive behavior between the members of the family system. When the other family members cannot live up to the perfectionistic standards of the Type A person, hopes and expectations of family life are destroyed and the family system begins to disintegrate.

It is often during such a disintegration that families will enter into therapy. The focus of the therapy will depend on the orientation of the therapist. Some professionals will intentionally focus on one individual in the family system, looking at ways in which that one person has been emotionally injured and how best to intervene with healing for that person. Other therapists will tend to look at the family as a whole, focusing on ways changing the system will ameliorate the interpersonal relationships, thereby altering the behaviors of all the individuals in the system.

However, the designs and methods of treating families who are not able to "self-correct" have long been divided into many theories, each with its own leading theoretician and framework. Leading theoreticians like Murray Bowen (1978), Cloé Madanes (1981), and Michael White (1992), have attracted disciples to their individual theories of the workings of the family or other system. One of these theories is Structural

Family Therapy, popularized by Salvador Minuchin in his book *Families and Family Therapy* (1974).

The main tenet of Structural Family Therapy is that there is an organized pattern or structure to all family behaviors and interactions. “The term structure refers to the organizational characteristics of the family at any point in time, the family subsystems, and the overt and covert rules that are said to influence interpersonal choices and behaviours in the family” (Vetere, 2001, pp. 133-134). In all families there are often hierarchies, with each member of the family having a certain amount and kind of authority. So, for example, “if one parent is supercompetent and responsible, the other will be less so” (Nichols & Schwartz, 1994, p. 213).

Within families, there are also subsystems. These subsystems are developed in response to some felt need within the family. Natural subsystems would include the parental dyad and the grouping of the children. Sometimes, though, unique groupings occur that will create unhealthy factions within the family. Such subgroups could, for example, include mother and son against father and daughter. In such a group, unhealthy alliances are formed that can have the effect of splitting the family apart.

The family system and its subsystems are delineated by boundaries. Boundaries are “invisible barriers that surround individuals and subsystems, regulating the amount of contact with others” (Nichols & Schwartz, 1994, p. 214). They are “the rules defining who participates [in the subsystem], and how” (Minuchin, 1974, p. 53). The amount of rigidity of a boundary will determine how much contact, emotional and communicative, the varying systems will have with other systems. Boundaries may be developed

anywhere along the continuum between a disengaged style, in which boundaries are overly rigid, and an enmeshed style, in which boundaries are overly diffuse (Minuchin, 1974, pp. 53-56).

In families with enmeshed boundaries, the roles and responsibilities amongst the members become blurred. Soon there becomes little differentiation between the people and the subsystems become virtually nonexistent. "Enmeshment refers to an extreme closeness and intensity in family interactions in which members are overdependent and overinvolved in each other's lives" (Baruth & Huber, 1984, p. 253). In contrast, families with overly rigid boundaries find that there is disengagement and little meaningful communication between the subsystems and between individuals within a subsystem. As a result, emotional support and protection are minimized, even when they are needed for health and growth. Disengagement "refers to an extreme separateness and autonomy resulting in little or no sense of family belongingness. Only minimal interaction occurs between subsystems. Communication is difficult, if not impossible. Family members feel isolated and are forced to function independently" (Baruth & Huber, 1984, p. 253). Minuchin (1974) points out that "the therapist often functions as a boundary maker, clarifying diffuse boundaries and opening inappropriately rigid boundaries" (p. 56).

Minuchin's (1974) second component of families is that of family development. As families grow in their relationships with each other, they naturally develop their own ways of being, their own structures, which are designed to increase the effectiveness of the family as a unit.

In the development of the family system, Minuchin & Fishman (1981) allude to four major stages of development. First is couple formation. This occurs when the couple must initially negotiate the boundaries that differentiate them as a couple from the world around them. They need to reconcile the differences that exist between them from living in their earlier systems. They need to develop the rules that will govern their life within the system. Most of all, they need to learn how to argue, how to deal with the conflict that will arise in their common life.

The second stage occurs at the time of the birth of any children. The spouse or couple subsystem must reorganize so that it can include the parental dyad as well. There needs to be the development of the boundaries that will govern the new, larger family unit. Controls must be established, roles must be defined. This becomes more complex as more children are added to the family. The hierarchies of the children's subsystem need to be regulated so that all are cared for. Robert Kegan, in his book *The Evolving Self* (1982), delineates many of the developmental transitions children and adults negotiate as they alternate between the desire for independence and the need for dependence or interdependence. These transitions, he believes, are lived in the "emergence from embeddedness" (p. 82), when the person is learning how to integrate new understandings of self and is also growing toward different understandings as well. Assisting the children as they determine how to live in the tension between these polarities of independence and interdependence is one of the great responsibilities of the parental subsystem.

A third change occurs when the children go off to school and then grow into adolescents. The family system no longer is adequate to contain the learnings that the children receive as they enter into other systems. The systems of school and of friends (who come out of their own family systems) necessitate a renegotiation of the rules that order the family. This becomes especially noticeable when the children reach adolescence and the family system is competing with an increasingly strong peer system. The child, meanwhile, is attempting to negotiate for herself what aspects of the family system and what aspects of the peer system she wishes to incorporate into her own life as an adult. Our modern culture is extending this period with those people who traditionally would have been out of the house and on their own either staying home or returning to the parental home after having been away for a period of time.

At last, the children leave home and are on their own. This creates a new developmental struggle. How are the spouses going to renegotiate their common life now that the focus is no longer on the parental dyad but is now back on the spousal subsystem? How is their system going to interrelate with the systems that their children are now forming? Often the expectations are that there will be no change in the relations between parents and grown children. However, this is unrealistic at best, and is, at worse, unhealthy for all concerned. The children (now adults) are forming their own family and social systems that will only peripherally include their parents. They have (optimally) negotiated their family-of-origin issues and are reaching out into the world in the development of new systems of support. This will necessitate the appropriate strengthening of the boundaries between them and their parents. The parental dyad

becomes less important and the newly formed social system (and new spousal system) takes on a renewed centrality of focus. This new system, with its own sets of boundaries and hierarchies, will necessarily place others (including the parents of each of the partners) into a less focal and important role. They are now engaging in their own couple formation. Parents who attempt to diminish this new system in order to maintain the old will eventually find that their children will rebel against their control or will become stunted in their ability to interact with other systems at all.

“Therapy is the process of taking a family who are stuck along the developmental spiral and creating a crisis that will push the family in the direction of their own evolution” (Minuchin & Fishman, 1981, p. 27).

As an example of this, Minuchin (1974) conducted an extended developmental interview with the Wagners, a family with whom he was consulting. In this interview, he comments upon the early developmental stage that Mark and Emily had yet to achieve, that of creating a spousal subsystem. They considered themselves a “normal” couple who had worked through many of their concerns. He brought to them a new way of seeing their situation, a developmental strengthening, that was able to lead them into a stronger, healthier marriage and family with their young son.

The third component of families in Minuchin’s theory is that of family adaptation. Minuchin notes that the family is constantly under pressure from stressful forces within the family and from the greater society (Minuchin, 1974). The family adapts as the stress to which it is exposed becomes increasingly suffocating. As one family member is experiencing stress from outside the family, the other members adapt their lifestyles and

behaviors to accommodate the stressed individual. Sometimes this may be a temporary adaptation (e.g., a family member comes home angry from work or school), but at others, a permanent alteration in family boundaries and subsystems might be necessary (e.g., a family member becomes chronically ill and in need of long-term care). Families with overly rigid boundaries find it extremely difficult and stressful to adapt in these situations. They do not have the ability to accommodate themselves to the necessary new boundaries with ease. There is therefore more stress added to the system as they attempt to negotiate a new way of relating.

On the other hand, families with diffuse boundaries also find it difficult to accommodate to stress in the system. Their lives have become so intertwined that they relate too acutely with the pain that is generated by the stress. They find themselves unable to empathize with the family member in the stressful situation because they have taken on the stress and pain within themselves. They therefore become “stuck” in this painful place, unable to change either the person they are trying to help or themselves.

A word here should be written of the difference between the appropriate empathy a therapist or other person may have for a client and the sympathy that might be generated for the client. Empathy, Kramer (2000) notes, “is ordinarily defined as the therapist’s benevolent understanding of the patient’s experience” (p. 93). Sympathy, on the other hand, usually denotes an agreement with the client. Thus, Egan (1990) quotes Book (1988) in stating that “empathy is often confused with sympathy, kindness, and approval. Thus, it may come to mean behaving compliantly in response to the patient’s behavior and [responding] sympathetically to his or her problems. It may evoke a stance

of unquestioning acceptance of the patient's experiences by the therapist" (Book, 1988, 422, as cited in Egan, 1990, p. 139). Egan succinctly states that "sympathy denotes agreement, whereas empathy denotes understanding and acceptance of the *person* of the client" (Egan, 1990, p. 139). Families with rigid boundaries find it difficult to empathize (understand and accept as a person) others in the system while families with diffuse boundaries find an objective separation from the other almost impossible to achieve.

Minuchin's therapeutic interventions are designed to alter the relative significance and power of the subsystems within the family and to reorder the structure of the family along healthier lines. "The family is the natural context for both growth and healing, and it is the context that the family therapist will depend on for the actualization of therapeutic goals. ... A viable form of family structure is needed to perform the family's essential tasks of supporting individuation while providing a sense of belonging" (Minuchin & Fishman, 1981, p. 11).

Minuchin & Fishman (1981) discuss the importance of the technique of therapeutic interventions in the healing process. However, the therapist should be a healer: a human being concerned with engaging other human beings, therapeutically, around areas and issues that cause them pain, while always retaining great respect for their values, areas of strength, and esthetic preferences. The goal, in other words, is to transcend technique. Only a person who has mastered technique and then contrived to forget it can become an expert listener (Minuchin & Fishman, 1981, p. 1).

The authors then spend the remainder of this book discussing the various areas in which interventions might be made, such as the challenging and changing of boundaries, the quality of joining, the necessity for reframing issues so that they are not viewed as negatively as before, and the unbalancing of the relationship hierarchies among members of a subsystem so that a new balance might be created. Minuchin follows with another book (Minuchin, Lee, & Simon, 1996) looking at several therapists who use structural family therapy and providing critiques of their therapy styles.

As family therapists work with the client systems, it is also important for the counselor to be aware of individual psychological concerns and personality structures that might impinge on the proper functioning of the family as a whole. These intrapsychic characteristics, developed within the context of earlier family systems, become aspects of the present system and all the subsystems thereof. In ideal circumstances, the family will tend to develop in ways that will supply the needs that are lacking in the ability of the individual to cope effectively in life and that will offset the negative aspects of these intrapsychic characteristics or structures.

One commonly known and discussed personality structure is called the Type A Behavior Pattern (or Type A Personality, or simply Type A). This phrase was coined by Friedman and Rosenman (1974). As cardiologists, they noticed that the common indicators for coronary artery disease (diet, exercise, smoking, etc.) accounted for only a portion of the people they saw who were developing heart disease (Friedman & Rosenman, 1974, p. 57). They began investigating behavioral antecedents to coronary problems and found that a small cluster of behaviors provided the basis for much of the

disease they encountered. They discovered that this "Type A" behavior included a sense of time urgency, a need for the increase of numbers of things solely for the sake of increasing the numbers, an insecurity of the person's status in various aspects of life, and a freeform sense of aggression and hostility (Friedman & Rosenman, 1974, pp. 70-79). They even provided a checklist for individuals who wondered if they are Type A: "you possess Type A Behavior pattern if ..." (Friedman & Rosenman, 1974, pp. 82-85).

This definition has been further refined by others. For example, Day & Jreige (2002) compiled a list of the characteristics of Type A: aggressiveness, competitiveness and lack of patience, the tendency to strive to achieve as much as they can in the least amount of time, to overload in work, a sense of time urgency, a tendency to be overcritical of self, to set high expectations for themselves, irritation and anger, and increased physical problems (Day & Jreige, 2002). They also state that "Type A individuals may also be self-centered, egocentric, abrasive, and poor listeners and may lack effective interpersonal relationships and sources of support" (Day & Jreige, 2002, p. 110). A shorter list, but still encompassing, is that "Type A behavior in adults is characterized by competitiveness, achievement striving, impatience and aggressiveness-hostility" (Nyberg, et. al., 2003, p. 438). Conte, Landy, and Mathieu (1995) have refined the concept of impatience or time urgency, stating that it is "a multidimensional construct that includes (a) time awareness, (b) eating behavior, (c) scheduling, (d) nervous energy, (e) list making, (f) speech patterns, and (g) deadline control" (p. 178). Recent research "pinpoints hostility as the 'toxic' ingredient of Type A, since isolating it from global

Type A consistently predicts heart disease and other health problems in both men and women (Aldwin et al., 2001; Low et al., 1998; Williams, 2000)" (Berk, 2006, p. 494).

There is nomenclature provided for those who do not evidence this Type A Behavior pattern. Friedman & Rosenman (1974) speak to those who do not consider themselves to be Type A. "You possess Type B behavior pattern: 1. If you are completely free of all the habits and exhibit none of the traits we have listed that harass the severely afflicted Type A person...." (p. 86). Their other criteria are simply refinements of this first: you are Type B if you are not Type A. However, in varying degrees, most people will exhibit the behavior patterns of both the Type A and B, however minimally or situationally.

Because the behavior of one member of a family will affect all of the members of the family, this competitiveness, striving, impatience and aggression in one person will undoubtedly influence the ways in which the others interact with that person and with each other. The spousal dyad could be laden with strife because of the hostile nature that the one partner brings into the relationship with the other. This hostility and competitiveness, combined with the egocentricity of a person with Type A characteristics, tend to create a less than secure environment for the healthy development of the couple and the family.

Often the less than secure environment is exacerbated by the pairing of the people. The spouse-to-be will look at the Type A person and see someone who is fiery, energetic, focused, and "ready to take on the world." The person who has Type A behaviors will look at the Type B other as someone who is relaxed and secure. Although

these characteristics in the other are initially attractive, they may soon become irritating because they are so different from one's own internal feelings and interactions with the external system of society. It is not uncommon for such tension to arise within the dyad that thoughts (or actions) of separation and/or divorce become paramount in the relationship. Improperly formed connections between the couple can lead to disengagement, which can lead to divorce. However, "divorce is not a boundary in a relationship. Divorce is an end to a relationship" (Cloud & Townsend, 1999, p. 250).

When children are added to any system, the structure of the family becomes more complex as other subsystems are formed. In healthy families, the boundaries are clearly delineated. The spouses form one subsystem. Minuchin (1974) states

the spouse subsystem is formed when two adults of the opposite sex join with the express purpose of forming a family. It has specific tasks, or functions, vital to the family's functioning. The main skills required for the implementation of the tasks are complementary and mutual accommodation. That is, the couple must develop patterns in which each spouse supports the other's functioning in many areas. They must develop patterns of complementarity that allow each spouse to 'give in' without feeling he has 'given up'. Both husband and wife must yield part of their separateness to gain in belonging (p. 56).

The parental subsystem is a new level of spousal subsystem realized with the birth of the first child. It must "now differentiate to perform the tasks of socializing a child without losing the mutual support that should characterize the spouse subsystem. A boundary must be drawn which allows the child access to both parents while excluding

him from spouse functions" (Minuchin, 1974, p. 57). The parents hold executive function within the family. It is their responsibility to make sure that the family functions effectively, to provide for the needs of the family, and to train the children to become effective adults living in the world. As the parents work together to form family structure and to protect each other and the children, they are strengthening their dyad. They are also creating a sense that their *holon* (Minuchin & Fishman (1981) adapt this term to denote a subsystem; for a description of the origin of this word see Minuchin & Fishman, 1981, p. 13) is permeable enough to allow the child subsystem to enter in (in appropriate ways) so that the system as a whole is strengthened.

The children form another *holon*, learning to explore their world and experiment with how to be in relationship with others. They are invited to enter into the system as a whole, but with the recognition that their subsystem is under the authority of the executive (parental) *holon*. As the children become older, they will begin widening their own systems to include extra-familial people: friends, teachers, others in their sphere of understanding and relationship. They will, initially, act toward these people in the same way that they have acted in the family system. As they mature, they will begin to explore new ways of relating, and will therefore test the boundaries that have been set into place by their parents. As they move farther into adulthood, they will develop their own family systems and then there will need to be negotiation about how these two systems will interact.

The development of the subsystems and the boundaries that separate them becomes more complicated in dysfunctional families. When individual family members

will not or cannot have their needs met in their own *holon*, they will look for other ways of providing for their needs. They may turn to others outside the family (in destructive ways) or they may create situations within the family where inappropriate subsystems are developed. A husband who is not relating well with his wife might turn to a daughter (or to his co-worker) for his emotional needs. A wife might turn to her mother or an extra-familial relationship. Alternatively, the couple might shift the focus of their discord upon one of the children so that they do not have to deal with their own problems. Often, when a family enters therapy, it is with questions about how to “fix” a problem that one of the children has. The therapist is then called upon to discover what family dynamics are in play that have exacerbated the symptom in the family. As we will see in Chapter four, this is the case with Danielle and her family. Since Danielle’s daughter Sandra has been named as the person who is having difficulties, the “identified patient”, and since the focus is on Sandra’s defiant behaviors, the parents are able to ignore the need to work on the stresses in their own subsystem caused in part by Danielle’s Type A behaviors and strengthen their spousal interactions. Structural therapists, though, tend to see the behaviors of the “identified patient” as “a reaction of an organism under stress. The other family members are equally symptomatic” (Minuchin & Fishman, 1981, p. 68).

subdue it” (Gen 1:27-28). As the *Episcopal Book of Common Prayer*, 1979 puts it: “The union of husband and wife in heart, body, and mind is intended by God for their mutual joy; for the help and comfort given one another in prosperity and adversity; and

¹ Unless otherwise noted, all Scripture citations are taken from *The Holy Bible, New International Version*.

CHAPTER 2:

BIBLICAL AND THEOLOGICAL VIEW OF MARRIAGE AND FAMILY

The concept of marriage and the family as a unit has a long and blessed theological history. From the beginning of creation, God has adorned families with special glory. "The Lord God said, 'It is not good for the man to be alone. I will make a helper suitable for him'" (Gen 2:18, New International Version¹). God recognizes the fact that it is difficult for a person to do the work God has given him or her without the support, love, companionship and guidance of a life partner. In God's economy, He has given to each of us (unless He has given a special grace to remain single) the desire and inner need for that person of the opposite sex to become our partner (see 1 Cor 7:1-9). "For this reason a man will leave his father and mother and be united to his wife, and they will become one flesh" (Gen 2:24). The prime joy of man and woman is for each other (Song 7:10), both for each other's sake and as a reflection of the love that God has for each of us (Eph 5:22, 25-27). Further, the two of them, if God wills, are to extend their family through the procreation and nurture of children. "God created man in his own image, in the image of God he created him; male and female he created them. God blessed them and said to them, 'Be fruitful and increase in number; fill the earth and subdue it'" (Gen 1:27-28). As the *Episcopal Book of Common Prayer, 1979* puts it: "The union of husband and wife in heart, body, and mind is intended by God for their mutual joy; for the help and comfort given one another in prosperity and adversity; and,

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when it is God's will, for the procreation of children and their nurture in the knowledge and love of the Lord" (p. 423).

This union is one that will contain struggle and hardship, as the two work together to become one. St. Paul, in his letter to the Ephesians (5:21 - 6:4), speaks of some of these difficulties. In particular, he asks wives and husbands to submit to each other (Eph 5:21) and give up that which is most dear to them. Wives are asked to give up their ultimate freedom in the Lord and submit that freedom to the headship of the husband (Eph 5:22-24) as an act of submission to the Lord. Husbands are required to give up their freedom of loving (and having sexual encounters with) whomever they wish as an act of submission to the Lord. They are instead commanded to offer themselves up totally for their wives in the same way (at the minimum metaphorically) that Christ gave himself up for the Church and died for her (Eph 5:25). In other words, the wives are called to offer themselves to God in action by following their husbands, and the husbands are called to offer themselves to God in action by committing themselves totally to the wife and making sure that nothing happens to her that would prevent her from appearing before God holy and blameless in His sight (Eph 5:25-28). Paul sums this up by saying, "each one of you also must love his wife as he loves himself, and the wife must respect her husband" (Eph 5:33).

Paul continues his teaching about the family in a discussion about the relations between parents and children (Eph 6:1-4). He exhorts children to honor and obey their parents, because this is one of the Ten Commandments (Eph 6:1; Ex 20:12). Parents, though, are not to "lord it over" their children or exasperate them. The function of

parenting is to “bring them up in the training and instruction of the Lord” (Eph 6:4), to raise the children in such an environment and such a manner that the children will be able to honor God and their parents.

Although we can see the perfect design that God intended when He created families, in our world this is never fully realized. As Adam and Eve sinned in the Garden of Eden (Gen 3) both individually and as a couple and thereby distorted the divine plan, so husbands and wives continue to live within that distortion. God tells Eve that she will desire her husband, that she will crave the closeness that comes from the perfect unity for which God had created them (Gen 2:20-23), but that the husband would rule over her instead. Rather than developing the mutual relationship of love and respect she so desired, Adam would attempt to “lord it over” her, diminishing her worth in the process. Simpson (1952/1980), writing about Gen 3:16, remarks that

the reference is to the wife’s dependence upon her husband and so to the necessity she was under to endure the arbitrary treatment customary in the age in which the story was written. Most significant is that ‘J’, far in advance of his time, sees that this domination of woman by man is an evil thing. The implication is that the relationship between husband and wife was intended by God to be a mutual and complementary relationship of love and respect, not a relationship in which one dominates the other. ... Thus all attempts at domination, so characteristic of human conduct, are a consequence of the disorder which has infected the relationship of man to man, and at the same time make for further disorder and for the further alienation of man from God (p. 510).

Malachi equates the sin of the country of Judah with the sin of broken faith in marriage. When Judah cries out to experience the Lord's presence and that presence is not forthcoming, Malachi states, "It is because the Lord is acting as the witness between you and the wife of your youth, because you have broken faith with her, though she is your partner, the wife of your marriage covenant" (Mal 2:14).

Hosea likewise is instructed by God to marry a harlot "because the land is guilty of the vilest adultery in departing from the Lord" (Hos 1:2). After Hosea's children have driven her from the house because of her unfaithfulness, the Lord comes to him and says, "Go, show your love to your wife again, though she is loved by another and is an adulteress. Love her as the Lord loves the Israelites, though they turn to other gods and love the sacred raisin cakes" (Hos 3:1). This theme of the personal life of the prophet as an example of the unfaithfulness within Israel and Judah is often repeated in the Old Testament (see, for example, the life of Ezekiel, who was told not to grieve publicly at the death of his wife, as an example to the people of how they were to act at the time of the destruction of the temple in Jerusalem [Ezek 24:15-27]).

An optimal family structure is notably absent from the examples given in the pages of Scripture. Beginning with the first family, that of Adam and Eve, problems are evident. Eve listens to the serpent and follows the advice to eat of the fruit, rather than submitting to the headship of God. Then, Adam listens to and follows his wife's direction rather than to the dominion of God and eats the fruit that she gives to him. Neither of them takes responsibility for their actions as individuals or as a couple, but both attempt to transfer the blame onto another in order to escape culpability. This

“original sin” had the effect of separating humanity from the source of its life and strength, the Spirit of God. Although God had given them a very good land, they had rebelled against Him and had rejected His love. The family system that God had created for Adam and Eve had broken down and the lines of authority and responsibility had become blurred.

Isaac and Rebekah’s family is another example of a family system in which the structure of the system and the boundaries between subsystems have become confused and therefore God’s design and plan are thwarted. “Isaac, who had a taste for wild game, loved Esau, but Rebekah loved Jacob” (Gen 25:28). Rather than a parental subsystem, with a children’s subsystem under its authority, what developed were the subsystems of Isaac and Esau vs. Rebekah and Jacob. The relations between Isaac and Jacob had devolved into a disengaged style of interaction, with overly rigid boundaries. Trickery is used repeatedly so that one subsystem will be able to overcome and defeat the other. Jacob tricks Esau into giving up his birthright. Later Rebekah connives with Jacob to steal the blessing that Isaac wanted to give to Esau. Through disguises and lies (Gen 27), Jacob receives the blessing. Immediately afterwards Esau comes in to the room to be blessed. Isaac is distraught because Jacob “came deceitfully and took your blessing” (Gen 27:35). Esau whines to his father that he wants a blessing as well, but is only able to receive a secondary blessing because the primary had already been given to his younger brother.

The estrangement between Esau and Jacob was such that there was no possibility of a sibling subsystem acting in one accord under the authority of the parental system. In

fact, Esau plots against the life of his brother and Rebekah tricks Isaac into sending Jacob to her brother Laban in Haran for protection. Jacob is also told to find a wife from amongst Laban's daughters. (In much of today's culture, this marriage would not be acceptable on the basis of proximate consanguinity. It was, though, common practice in the ancient world. Esau also married as one of his wives the daughter of Isaac's brother Ishmael.)

Jacob's marital status as well shows a departure from the norm established by God in creation. When he arrived in Paddan Aram, Jacob fell in love with Rachel. He agreed with his uncle for a term of service in order to marry her, but at the end of the term, Laban tricked Jacob into marrying Rachel's sister Leah. After agreeing to another term of service, he is also allowed to marry Rachel, thereby following the cultural norms of multiple marriages but defying God's standard that man "will leave his father and mother and be united to his wife, and they will become one flesh" (Gen 2:24). This family system also contained unhealthy subsystems. The marital dyad was in fact a marital triad. Jacob, though, made it clear that he truly wanted it to be a dyad, with Leah excluded. "And he loved Rachel more than Leah" (Gen 29:30). Leah also recognized that she was not favored by her husband: "Surely my husband will love me now. ... The Lord heard that I am not loved. ... Now at last my husband will become attached to me" (Gen 29:32-34). The animosity in the family between Jacob and Leah and between Leah and Rachel is perpetuated in animosities between their children. The brothers unite to punish Joseph because he is Rachel's son and is therefore a favored child (Gen 37:3). It is through the miraculous working of God that Joseph's life is spared and that he

eventually saves his father and brothers and brings them to Egypt where they can multiply and become a mighty nation.

The disobedience of Adam and Eve, their allowance and encouragement of sin so long ago, has profoundly affected culture, even to our own time. We live in an age of “disposable” marriages and “marriages” that are, by design, contrary to, and odious to, the structure that God created. We live out, seemingly to perfection, the ancient sin of setting ourselves up as gods of the universe (Gen 3:5). This can be seen in most, if not all, areas of life. It is nowhere more prominent, though, than in our view of marriage and the family. Marriages are considered to be merely a means to achieve the end of our own happiness. We use, abuse, and manipulate our partner until he or she is no longer useful to us. We then throw that relationship away and start on the next one.

This is true for marriages even within the church. Of course, we provide many rationalizations in order to cover our sinful actions. There are times that we even delude ourselves into believing these rationalizations. We might conclude that we are “unequally yoked” with a non-believer and that divorce is thereby acceptable (1 Cor 6:14-17). We might conclude that our spouse is unfaithful to us because we are not receiving all of the intimacy (physical or emotional) that we think we deserve. We might claim that our spouse is being abusive to us, simply because he or she is not providing us with all of the material pleasures we desire. (Although, it must be said that there are times when real abuse does occur and, out of concern for physical or emotional safety of one or both parties, a separation is absolutely necessary and appropriate.)

There is a story that is played out all too often in the therapy room. A couple comes to the therapist for marriage counseling. The counselor asks one party: "What do you want from counseling?" That person says: "I want to find out what's wrong in the marriage so that I can fix it." The counselor then asks the other party the same question. "I want to find out what's wrong in the marriage so I don't make the same mistake next time." One of the parties is attempting to repair the marriage; the other has already left it. (This couple, as with so many like it, come from examples within the stories of the author's professional counseling practice and experience. Details in this and other examples are altered to protect anonymity and confidentiality.)

Gary Chapman (1998/2008) has examined the socio-psychological effects of modern culture on the institution of marriage.

In the last three decades, Western society has given an undue emphasis to human emotions. In fact, we have made emotions our guiding star. We fill songs and movies with such themes as 'If it feels good, do it.' The search for self-understanding has led us to the conclusion that 'I am what I *feel*' and that authentic living is being 'true to my feelings.' When applied to a desperate marriage, this philosophy advises, 'If I don't have love feelings for my spouse any longer, I should admit it and get out of the marriage. If I feel hurt and angry, I would be hypocritical to say or do something kind to my spouse.' This philosophy fails to reckon with the reality that human beings are more than their emotions (pp. 31-32).

Chapman sees that one of the main struggles within marriages today is that they are not seen as a commitment, a covenant with the other person and with God, that precedes the emotions we may have at any given moment. His thesis is that love is an attitude followed by action, that will result (perhaps eventually) in the emotional intimacy sought for and promised by God in creation (Gen 2:21-24). How one *expresses* love is vital; how one *feels* love is ephemeral.

In many marriages today, there is a desire for personal growth that shows forth a lack of mutual submission. During the past half-century, there has been an explosive growth of the concept of "rights". Parts of this concept have been important and necessary. The Civil Rights Movement, that sought to give equality to African-Americans and other minorities, has been extremely important, due to the concept of God's justice embodied within it. In 1909, William Howard Taft, in his presidential inaugural address, had to remind the country that "Negroes are now Americans" (Taft, 1909, ¶36). Exactly one hundred years later, an African-American president was giving his own presidential inaugural address. In the 1940s and 1950s, American culture lauded the "Ozzie and Harriet" type of family, where the "little woman" stayed home, kept the house clean, and looked pretty for her husband, while the husband worked and provided for the family and, when he returned home, dictated *ex cathedra* to his wife and children how they should act. Now women are taking their places as equal members at all levels of society, offering their intellect and expertise and making great contributions in all spheres of modern culture.

However, others are using the “rights” struggle in order to justify their own desires and feelings. Just one example of this is the growing demand from some that the concept of what marriage is should be “expanded” to include groups other than a man and a woman. The rationalization is that I *feel* drawn to this other person and it must therefore *be my right* to be involved with this person. Be they homosexual marriages, plural marriages, arranged marriages with underage children, marriages with species other than *homo sapiens* (Puppy Love, 2010), all are distortions of God’s divine plan for the family, whether they feel good or not.

The “feel good” mentality of the present age affects the relations between parents and their children. Our culture has determined that some discipline is injurious to the psyche of children. Parents are urged to treat their children as “little friends” who should be given expansive powers, far beyond the child’s psychological or emotional maturity to handle those powers. Children are pushed into adult decision-making roles, without the necessary training to make proper decisions. On the other hand, once young people reach an age where they would ordinarily be able to make decisions for themselves, often the parents will put them into a childlike subservient position, so that the child is not allowed to make life choices and learn how to deal with the consequences of these choices.

Scripture, though, gives parents guidance on the raising of children. The Old Testament book of the Proverbs of Solomon offers numerous sayings, many of which are echoed in the New Testament writings as well. “Even a child is known by his actions, by whether his conduct is pure and right” (Prov 20:11). “Train a child in the way he should go, and when he is old he will not turn from it” (Prov 22:6). “Do not withhold discipline

from a child; if you punish him with the rod, he will not die. Punish him with the rod and save his soul from death” (Prov 23:13-14). “The rod of correction imparts wisdom, but a child left to himself disgraces his mother” (Prov 29:15). “Children, obey your parents in everything, for this pleases the Lord. Fathers, do not embitter your children, or they will become discouraged” (Col 3:20-21). “Children, obey your parents in the Lord, for this is right. ‘Honor your father and mother’ – which is the first commandment with a promise – ‘that it may go well with you and that you may enjoy long life on the earth.’ Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord” (Eph 6:1-4). “When I was a child, I talked like a child, I thought like a child, I reasoned like a child. When I became a man, I put childish ways behind me” (1 Cor 13:11).

We are further instructed in Scripture that discipline is a necessary and proper part of raising children. “If you refuse to discipline your children, it proves you don’t love them; if you love your children, you will be prompt to discipline them” (Prov 13:24, New Living Translation). Discipline is helpful insofar as it assists the child in becoming a follower, a disciple (which, after all, is the root of the word discipline) of God and of the type of life Christians hope for their children to live. This discipline is intended to bring the child to an understanding that every action has a consequence, whether for good or ill. When a child makes a choice that is positive and affirming of God’s law, proper discipline would include some type of reward or positive reinforcement. When, though, the action of the child is physically, psychologically, or emotionally harmful, it is important for the parent to help the child learn the consequences that could be suffered by

him or her or by others because of the actions he or she has taken. Shielding him or her from these consequences can be as harmful as shielding him or her from the rewards of positive actions.

A word must be inserted here about corporal punishment. During the era that the Proverbs were written, the use of “the rod” was a fact. The rod was, in fact, a symbol of temporal authority and was, therefore, to be used in the maintenance of that authority. There was a widespread and common acceptance of disciplining children with physical punishment. In modern American society, physical punishment is far less acceptable. Children’s “rights” advocates consider any form of spanking to be equated with child abuse. This, they believe, can be grounds for punishment of the parent. While there are many who reasonably have different opinions on this issue, Scripture has a double warning for parents: it is important to discipline your children (by whatever means you as a parent deem appropriate) *and* to make sure that such discipline is done in such a way that the child will know the love that motivates it and will not exasperate the child. Discipline is necessary and appropriate as a training tool. However, the causing of physical or emotional harm is not. All discipline should be designed solely for the correction and training of the child. Any other motivation, be it anger or frustration or simply “it never hurt me as a child”, is to be avoided and shunned. When Paul says that fathers should not exasperate their children, he is encouraging the parents to use the discipline they mete out solely as a means of correction, not as an excuse for abuse. Parents are to reflect on the first instruction above, that it is the way that they are living their lives that will be the most powerful teaching tool they can use with their children.

We are instructed that it is our personal life that is the prime teaching tool for our children. We are to live a life characterized by righteousness rather than selfish sinfulness. The old adage "Do what I say and not what I do" is not a wise or profitable phrase for the raising of our offspring, because our children will internalize far more of how we act toward them and toward others than anything that we say forms them. "The righteous man leads a blameless life; blessed are his children after him" (Prov 20:7). Often there have been men who emphatically taught their sons to respect women, but the son saw the father in the act of disrespecting or abusing the mother. The son was quick to learn that, despite the father's words, he was supposed to abuse women as well. This is only one example among many of the truth of the power of another adage: "Do as I do and not as I say." As we actively live our lives dedicated to God and to our spouse, we teach our children the beauty of a loving relationship and what it means to love another fully. As we live selfishly, we instruct our children that this is the manner of life that is acceptable.

In the beginning, God created marriage as a holy and blessed three-way relationship between a man and a woman and God. Through the power of sin, this relationship has become distorted. In part, the distortion comes from our personal sin. In part, it comes from the sin that surrounds us in this world. In all cases, living with this sinful distortion is not what God designed marriage and family life to be like. We have taken what was intended to be a beautiful relationship state and have made it less than it can or should be.

However, there is hope! Although we were “dead in [our] transgressions and sins, ... because of his great love for us, God, who is rich in mercy, made us alive with Christ. ... It is by grace [we] have been saved. And God raised us up with Christ and seated us with him in the heavenly realms in Christ Jesus, in order that in the coming ages he might show the incomparable riches of his grace, expressed in his kindness to us in Christ Jesus. ... This is not from yourselves, it is the gift of God” (Eph 2:1-10).

Throughout the pages of Scripture we read that the faithlessness of God’s people was never the last word. Whenever they walked away and were lost in their sins, God provided for them a way to escape their sins and return to Him. Finally, in an incredible act of love, He sent His Son to become one of us, a human, so that we might experience God face to face. Having introduced the people once again to God, having been the one who was sent so that we might behold God’s glory, he took our sin onto himself and carried it to the cross. He himself accepted the consequences for our actions, and in dying, he paid the price for our sin and gave us the opportunity to come into an open and loving relationship with the Father. He then showed us, and opened for us, a new way of life by rising from the grave and ascending to the right hand of the Father. As individuals, this assures us that the consequences of sin are not our only lot in life, with death as a final, destructive end. “Where, O death, is your victory? Where, O death, is your sting” (1 Cor 15:55).

In marriage and in families as well, Christ’s offering of himself for us creates the possibility of new ways we can live and interact. No longer are we slaves to the power that would separate us from each other and from God. Now we have the ability and the

joyful responsibility to recreate the marriage and family that God created in the beginning. We are able to commit ourselves to, and covenant with, another person and with God to offer ourselves in mutual love, respect and submission. We are able to love our spouse in action and in word, as well as in feeling. We are freed to lift up ourselves, our spouse and our children into the loving discipline of God, knowing that this discipline will bring us closer together and closer to our loving Father. The design that God intended for us from the beginning of time may now be realized, because of His incredibly powerful and loving gift of salvation to us, to our family, and to our world.

challenges and in part upon the development of her interactions with others for validation and support, for confirmation and encouragement. The level of this support, the attentiveness of this support, will provide for the child a virtual roadmap for the construction of her own relations with others as an adult. "Study after study ... attest that healthy, happy, and self-reliant adolescents and young adults are the products of stable homes in which both parents give a great deal of time and attention to the children" (Bowlby, 1988, p. 2).

John Bowlby, as a practicing clinician and a lead investigator at the Tavistock Institute of Human Relations, began to observe within his patients the effects that their early childhood had on their present perceptions of self. He noticed that "[these] observations of young children] show with unmistakable clarity how early in life certain characteristic patterns of social behaviour – some hopeful for the future, others ominous – become established" (Bowlby, 1988, p. 91). Through his observations, he began to theorize about the effect that a child's attachment to her primary caregiver initially, but

CHAPTER 3:

LITERATURE REVIEW

No person can fully understand himself without understanding the influence that others have played in his development. Conversely, no person can fully understand his relationships with others without looking to the intrapsychic forces that have formed his being and thinking. As a child develops her personality, she will grow through different stages, wherein she will integrate certain strengths and encounter various new challenges. This personality growth is in part dependent upon how well she negotiates these internal challenges and in part upon the development of her interactions with others for validation and support, for confirmation and encouragement. The level of this support, the effectiveness of this support, will provide for the child a virtual roadmap for the construction of her own relations with others as an adult. "Study after study ... attest that healthy, happy, and self-reliant adolescents and young adults are the products of stable homes in which both parents give a great deal of time and attention to the children" (Bowlby, 1988, p. 2).

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not always, the mother) had upon that child's development. He found that these effects could be either positive or negative, depending upon the level of attachment that the caregiver was able to allow.

Briefly, it seems that sensitive loving care results in a child developing confidence that others will be helpful when appealed to, becoming increasingly self-reliant and bold in his explorations of the world, co-operative with others, and also – a very important point – sympathetic and helpful to others in distress. Conversely, when a child's attachment behaviour is responded to tardily and unwillingly and is regarded as a nuisance, he is likely to become anxiously attached, that is, apprehensive lest his caregiver be missing or unhelpful when he needs her and therefore reluctant to leave her side, unwillingly and anxiously obedient, and unconcerned about the troubles of others. Should his caregivers, in addition, actively reject him, he is likely to develop a pattern of behaviour in which avoidance of them competes with his desire for proximity and care, and in which angry behaviour is apt to become prominent (Bowlby, 1988, p. 82).

For Bowlby, therefore, the concept of attachment to secure caregiver figures plays a vital role in the development of the personality as the child grows up into adulthood. He points out that “the family experience of those who grow up to become relatively stable and self-reliant is characterized not only by unflinching parental support when called upon but also by a steady yet timely encouragement towards increasing autonomy, and by the frank communication by parents of working models – of themselves, of child, and of others – that are not only tolerably valid but are open to be questioned and revised”

expulsive, phase). Then comes a desire to return to the closeness found in the earliest stage, with the focus on the parent of the opposite sex (the *phallic* stage, with its interest in the genital areas). There is then experienced a period of quiescence (*latency*), where the child learns more about the social aspects of life. Following this quiet period, the sexual appetites reawaken in the genital stage at the onset of puberty and continue from then through adulthood (Corey, 2005, pp. 62-64).

Both with Freud and with Bowlby, if development does not take place during that important first year of life, the rest of the developmental cycle will be stunted or will be thwarted entirely. Bowlby emphasized that the child will not be accomplished in receiving, be it nourishment, nurture or emotional attachment. Therefore, the child will never adequately be able to separate and find distinction from the other. The future stages of growth, which depend on the successful fulfillment of the previous stages, will then never be able to be negotiated adequately.

Another major theory was propounded by Erik Erikson. He “built on Freud’s ideas and extended his theory by stressing the psychosocial aspects of development beyond early childhood. His theory of development holds that psychosexual growth [that of Freud’s theory] and psychosocial growth take place together, and that at each stage of life we face the task of establishing equilibrium between ourselves and our social world” (Corey, 2005, p. 61).

Erikson states that there are certain “ego qualities which emerge from critical periods of development – criteria (identity is one) by which the individual demonstrates that his ego, at a given stage, is strong enough to integrate the timetable of the organism

with the structure of social institutions" (Erikson, 1950/1963, p. 246). He then delineates eight different ego qualities: trust (vs. basic mistrust of self and others), autonomy (vs. shame and doubt), initiative (vs. guilt), industry (vs. inferiority), (ego) identity (vs. role confusion), intimacy (vs. isolation), generativity (vs. stagnation), and integrity of the ego (vs. existential despair). At various times and ages during a person's life, each of these qualities must be integrated into the person's expanding sense of self. Without the successful negotiation of these stages of life and personhood, the development of the person's ego is diminished and thereby distorted. The result is, to one degree or another, psychopathology.

The development of trust is one example. When an infant finds that she can rely upon the presence and safe attachment of the mother, she can trust in the world and can thereby begin to develop a basic trust about and within herself. Without that reliable attachment figure, she discovers that she cannot trust others for the support she needs and therefore begins to doubt her trust of herself as well.

The firm establishment of enduring patterns for the solution of the nuclear conflict of basic trust versus basic mistrust in mere existence is the first task of the ego, and thus first of all a task for maternal care. ... Mothers create a sense of trust in their children by that kind of administration which in its quality combines sensitive care of the baby's individual needs and a firm sense of personal trustworthiness within the trusted framework of their culture's life style. This forms the basis in the child for a sense of identity which will later combine a

sense of being "all right," of being oneself, and of becoming what other people trust one will become (Erikson, 1950/1963, p. 249).

Erikson points out that "the strength acquired at any stage is tested by the necessity to transcend it in such a way that the individual can take chances in the next stage with what was most vulnerably precious in the previous one" (Erikson, 1950/1963, p. 263). When the trust of the first stage is never acquired in such a way that it may be so tested and chances may not be taken effectively in the future, it can be assumed that subsequent development that the child experiences will be gained in a skewed manner.

The child (and later the adult) will not be able to claim the strength of each of the stages because their acquisition will always be tenuous at best. Such can be seen persuasively in the struggle for intimacy (the sixth stage). Intimacy is

the capacity to commit himself to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments, even though they may call for significant sacrifices and compromises. Body and ego must ... be able to face the fear of ego loss in situations which call for self-abandon. ...

The avoidance of such experiences because of a fear of ego loss may lead to a deep sense of isolation and consequent self-absorption. The counterpart of intimacy is distantiation: the readiness to isolate and, if necessary, to destroy those forces and people whose essence seems dangerous to one's own, and whose "territory" seems to encroach on the extent of one's intimate relations (Erikson, 1950/1963, pp. 263-264).

When a person is unable to negotiate and integrate basic trust issues, there will not be the ability to become intimate with another. Distantiation will become more likely. The person will be so absorbed in protecting her own sense of self that she will be unable to make those "significant sacrifices and compromises" that are necessary to become close to another human. When such a person enters into a marriage, there will be inherent in the union of the two this sense of withdrawal for the sake of safety. There will be a constant sense of separation which could easily lead to "isolate and, if necessary, to destroy" the relationship and even the other person. Therefore, it can be seen, the lack of attachment from the mother (figure) during the earliest times of life can easily result in the necessity to demand a strict control over the person's environment and can hence result in great difficulties in relations with others, especially in a marriage and family where connection and attachment are so necessary.

As a person grows from infancy toward adulthood, he will develop a favored way of relating within himself and with the outside world. This relational framework becomes forcefully integrated into the person as the development of a personality structure. As the person relates more and more using the boundaries of this personality structure, it becomes ever more firmly established and fixed within him. Soon, without intervention, it can become the *only* way in which the person can relate with others in the world.

One such personality structure is called the Type A Behavior Pattern, or the Type A Personality. As discussed in Chapter one of this paper, the term Type A was first used by Meyer Friedman and Ray Rosenman (1974) as they attempted to discern why certain

of their cardiac patients were more likely than others to develop heart-related issues. They began to "believe that the major cause of coronary artery and heart disease is a complex of emotional reactions" (Friedman & Rosenman, 1974, p. 69). They had been studying their thesis that high cholesterol was the cause of heart disease when they realized that there is a correlation between these two in a small percentage of the cases. They then became aware of the psychological factors that were present in so many of their cases. This prompted them to lead a number of investigations over more than a decade which corroborated the emotional factors and further refined them to a small constellation of behavioral characteristics.

As the list of behaviors implicated in the development of this disease was perfected, it revolved around the concepts of: aggressiveness, competitiveness and lack of patience, the tendency to strive to achieve as much as possible in the least amount of time, to overload in work, a sense of time urgency, a tendency to be overcritical of self, to set high expectations for self, irritation and anger, and increased physical problems (Day & Jreige, 2002, pp. 109-110).

Those who exhibit these behaviors face certain health issues, as noted by Friedman and Rosenman. There is a greatly increased likelihood that there will be some sort of coronary artery disease or heart disease. All the rest of the vascular system can easily be affected. Blood pressure can be raised, which can cause many other physical conditions, such as deterioration of many of the organs within the body. It has even been posited that blood pressure and certain addictive behaviors are linked with each other in some fashion. What can be said with certainty is that certain addictive practices such as

the use of tobacco or the addiction to certain foods will be causative for hypertension and many of its related physical diseases (Friedman & Rosenman, 1974).

This is further exacerbated by the fact that Type A people do not report physical symptoms that they might have.

Abundant laboratory and clinical research has found that Type A adults fail to perceive and, consequently, that they underreport the frequency and intensity of physical symptoms under conditions of moderate environmental challenge, low symptom salience, low perceived importance, high symptom ambiguity, and demanding work environments. The underreporting behavior of Type A individuals is apparently due to their ability to focus full attention on external tasks and to ignore internal physical states that might interfere with performance (Leikin, Firestone, & McGrath, 1988, p. 721).

The physical health of people exhibiting Type A behavior is thus likely to be experienced to be of low import for the individual. It will be less frequently reported, then, until there is some sort of physical crisis, at which time the illness will likely be more severe. "In summary, then, the data suggest that with increasing age, Type As report poorer physical health than do Type Bs" (Strube, et al., 1985, p. 215).

It is not only the physical that can be harmed by the Type A personality. A person's emotional health is also impacted by these behaviors. Competition, aggressiveness, irritation and anger can all lead to a disengagement from other people, either because the individual will tend to erect a boundary from the other or because the other person will no longer wish to be in relation with someone who is seemingly so

disagreeable. One of the major emotions displayed by Type A people is that of anger. Malatesta-Magai and her colleagues (1992) found that "Type A individuals differ from others primarily in the emotion of anger. Moreover, the data indicate that not only are Type As higher on anger and aggression, but also that they inhibit its expression more than Type Bs" (Malatesta-Magai, et al., 1992, p. 560). They further linked this anger to shame that the individual experienced in childhood (often from the parental figures in the child's life). "Significantly, the behavioral data indicated that shame bound to inhibited anger was significantly elevated. ... We predicted that Type As would show a pattern of shame, anger, and shame bound to anger as distinctive features of their emotional profile under the anger challenge condition. This expectation was borne out." (Malatesta-Magai, et al., 1992, p. 558).

In addition, relationships can be difficult for people with Type A personalities. Those characteristics that help these people to focus, to juggle many activities, and to compete with others are just the characteristics that can be detrimental for a relationship.

What's the number one stressor for type As? Difficulty tolerating what goes on in relationships. Relationship issues are the one area high-powered people aren't fully in control of, nor expert in resolving, in part because their coping style generates tension in relationships. ... Type A's' propensity for doing and thinking many things simultaneously consistently *disconnects* them from people.

In addition, as Type As' relationships develop and evolve, they start to feel as if they're being negatively evaluated (Sotile & Sotile, 1996, p. 52).

The fear and hostility that the Type A person exhibits are exactly the qualities that are least needed or desired in a close relationship with another. "Such self-focused coping leads to relationship narcissism. A frequent failure to see the repercussions on their partner, or a lack of time to deal with them, results in a relationship that can easily shatter (Sotile & Sotile, 1996, p. 53).

It is important, therefore, that relationships are entered into openly; that both participants are aware of the difficulties that can be encountered during their lives together; that they develop skills for managing intrapsychic and relational difficulties; so that they are not tempted to "cut and run" when struggles come to the fore and the relationship is no longer that "perfect match" of the early days.

From where does Type A come? Can one point to a specific genetic or environmental factor and determine with certainty the causal relationship with this constellation of behaviors? Friedman & Rosenman (1974), as they developed their theory of Type A Behavior Pattern, did not delineate an etiology for this structure. Malatesta-Magai and her colleagues (1992) suggested that at least part of the Type A personality is the result of shame as a child. This is further supported by Emmelkamp and Karsdorp (1987), who determined that the development of Type A was greatly affected by the child's perceptions of acceptance or rejection by the parents. They stated that a "significant amount of the variance of Type A behaviour can be accounted for by *perceived* parental characteristics, especially rejection and lack of emotional warmth" (Emmelkamp & Karsdorp, 1987, p. 227, emphasis in original). Steinberg (1985) goes on to suggest that "the strength of the relation between Type A behaviors displayed in young

adulthood and measures of temperament taken some 20 years earlier indicates that the Type A behavior pattern ... has dispositional underpinnings that are present even during individuals' earliest years" (p. 1178).

The above findings suggest that there could be a correlation between mother-child attachment as an infant and the development of Type A characteristics in the child's later life. This would appear to be especially true in the case of those children whose mothers evidenced the negative aggression-hostility behaviors of Type A toward their infant children. "Sons and daughters of Type A mothers rated the family as higher in conflict and lower in cohesion when mothers openly expressed their anger, and lower in conflict and higher in cohesion when mothers chose to control their anger" (Forgays, 1996). As discussed earlier, insecure attachment (and, at its worst, active [at least as perceived] rejection) leads to difficulties in the developmental process. Such difficulties can generate certain defensive maneuvers that may lead to Type A behaviors. As these behaviors become crystallized into the child's personality structure, the resulting behavior becomes increasingly less flexible. As a result, people become less willing to even make the attempt to alter their behavior or work on their relationships with others in their life.

That resisted alteration of behavior may come in one of two major ways. The first is when a therapist works with the individual about modifying those aspects of self that are causing difficulties. "The traditional techniques of mental health grew out of a fascination with individual dynamics. This preoccupation dominated the field and led therapists to concentrate on exploring the intrapsychic" (Minuchin, 1974, p. 2). Such

therapies as psychoanalysis, ego psychology or cognitive-behavioral therapy would fall into this category. Individual understanding and change is the goal. A person is said to be helped when she is more willing to accept responsibility for herself and individuate (become emotionally independent) of other people. Kegan (1982) states that "how we will understand what we hear – or, better put, what we actually do hear – will be settled there where the event is made personal sense of, there where it actually becomes an event for us" (Kegan, 1982, p. 3). He understands this place for the psychology of an individual to be within the person. "The zone of mediation where meaning is made is variously called by personality psychologists the 'ego,' the 'self,' the 'person.' ... It is the very ground of personality itself – it is the person" (Kegan, 1982, p. 3).

The second is when a therapist works with a family. Within family systems, a person is always part of a context. Any treatment of the individual is a treatment of the context, and vice versa.

Therapy designed from this point of view rests on three axioms. Each has an emphasis quite different from the related axiom of individual theory. First, an individual's psychic life is not entirely an internal process. The individual influences his context and is influenced by it. ... The second axiom underlying this kind of therapy is that changes in a family structure contribute to changes in the behavior and the inner psychic processes of the members of that system. The third axiom is that when a therapist works with a patient or a patient family, [the therapist's] behavior becomes part of the context. ... These three assumptions – that context affects inner processes, that changes in context produce changes in

the individual, and that the therapist's behavior is significant in change – have always been part of the common sense basis of therapy (Minuchin, 1974, p. 9).

One approach to family therapy is that which was popularized by Salvador Minuchin after many years of discussions with Jay Haley, Braulio Montalvo, and others. This theory was named Structural Family Therapy because it is believed that changing the organization, or structure, of the family will change the experiences and behaviors of the individuals that make up the family system. "Once a change has been effected, the family will preserve that change, providing a different matrix and altering the feedback which continuously qualifies or validates family members' experiences" (Minuchin, 1974, p. 15).

Arlene Vetere (2001) summarized the key features of the structural approach to family therapy thus:

- The family is seen as a psychosocial system, embedded within wider social systems, which functions through transactional patterns: these transactions establish patterns of how, when and to whom to relate, and they underpin the system;
- The family tasks are carried out within bounded subsystems;
- Such subsystems are made up of individuals on a temporary or more permanent basis, and members can be part of one or more subsystems, within which their roles will differ;
- Subsystems are organized hierarchically in a way that regulates power within and between subsystems;

• Cohesiveness and adaptability are key characteristics of the family group, within which the balance between emotional connectedness and developing autonomy is seen to change as family members mature and live through life cycle transitions (Vetere, 2001, p. 134).

Many of the components of family life, and therefore the areas within which change can be effected, are enumerated in Chapter One. To recapitulate, the family system and its subsystems are delineated by boundaries. These boundaries may lie anywhere along the continuum of enmeshed, diffuse boundaries to those which are overly rigid. Families with diffuse boundaries tend to be overly and inappropriately involved in the affairs of others in the family. They do not allow subsystems to function as they ought. The subsystems interfere with each other so that intrasystem rules cannot be created and maintained. On the other hand, overly rigid boundaries prevent the system from reacting to stress in order to support the member who is experiencing this stress.

A third component is that, as families grow together, they follow certain developmental stages: couple formation, the birth of children, the growth of children and their entrance into non-family systems, and the renegotiation of the couple formation stage of the parents after their children have left home. At each stage the members of the family must determine where appropriate subsystem boundaries lie. They must also determine the hierarchy of the subsystems so that the entire system will function optimally. "Effective functioning requires that parents and children accept the fact that the differentiated use of authority is a necessary ingredient for the parental subsystem.

This becomes a social training lab for the children, who need to know how to negotiate in situations of unequal power" (Minuchin, 1974, p. 58).

Another component of families is that they need to be adaptable because of stressful forces within or from outside of the family. Minuchin's therapeutic interventions are designed to alter the relative significance and power of the subsystems within the family and to reorder the structure of the family along healthier lines. Families with overly enmeshed boundaries tend not to be able to support each other because they are too bound together to be dispassionate when the situation calls for an objective viewpoint. On the other hand, families whose boundaries are overly rigid tend not to support each other because there is too much separation between the members and they therefore find it difficult to empathize with each other.

When one looks at attachment and development through the lens of structural family therapy, it can be seen that the way in which the family is structured will have a profound effect on the attachment that a child experiences and the ways in which that child progresses through the developmental stages. When a baby is brought into a family in which the system is functioning appropriately, with real but permeable boundaries and in which the subsystem development is progressing suitably, he will be provided with a sense of loving care and support which will enable him to learn how to relate with other systems as he grows older. As he matures and advances through his own development, he will do so with a secure base, knowing that he has support and love throughout the process of his growth.

If, though, there is not a proper balance in the permeability of the boundaries, problems can occur. If the family's boundaries are overly enmeshed and diffuse, the child can find great difficulty in the development of his own boundaries with others. Unlearned social skills can provide hardship for him when he is confronted by people who have set up boundaries in their own lives and systems. When people say "no" to him, he has no experience with how to respond and is hence more likely to react improperly. Such seems to be the case in society today. Many parents are treating their children as friends rather than as children. The children thus have no training in appropriate boundary setting with other authority figures. Therefore the children are not learning the benefits that can accrue from setting boundaries.

On the other hand, when a child enters into a family with emotionally rigid boundaries, she will never know how she is perceived by others, whether she is loved, if she will be supported when necessary. She may feel alone and abandoned in the world. She grows with an insecurity that does not allow for the successful negotiation of the conflicts of development. When she becomes an adult and attempts to enter into a new family system, she will not be able to develop the closeness with another person that is necessary for the creation of a new family. When the spousal system does not coalesce, it is far more difficult to create a parental subsystem when faced with the challenges of the raising of children. The children feel this absence and become anxiously attached with their parents and their siblings. They do not learn proper boundaries, and the cycle continues.

However, in the midst of the gloominess of this prediction, there are two avenues of hope, one human and one divine. The human avenue of hope takes the form of therapy. Minuchin, in his desire to assist families who were dysregulated, developed a therapeutic style that hopes to change a dysfunctional style into one that is better organized for the functioning of the family in society. "Change is seen as occurring through the process of the therapist's affiliation with the family and his restructuring of the family in a carefully planned way, so as to transform dysfunctional transactional patterns" (Minuchin, 1974, p. 91). "The therapist joins the family with the goal of changing family organization in such a way that the family members' experiences change" (Minuchin, 1974, p. 13). He does this by unbalancing the system to such an extent that the family must develop a new way of interacting, must create for themselves a new *homeostasis*. He may challenge the boundaries in the system. He may strengthen one subsystem and weaken the authority of another. He may even challenge the legitimacy of a certain subsystem to exist at all. This is all done with the goal in mind that there should be a proper balance within the system, with clear authority given to the parental subsystem. Whereas other therapists might work with a family on assisting the "identified patient" with his or her problem, the structural family therapist will focus on the way that the family has organized itself and will attempt to alter that organization for the benefit of the therapeutic goals.

The other avenue of hope for a family that has not been able to create adequate attachment experiences is divine. It must be stated at the outset that the human and

divine aspects of healing are not exclusive. They complement each other and offer to each other a new dimension of clarity into problems and their solutions.

The complementarity of the human and divine aspects of healing has not always been considered to be true. Sigmund Freud was decidedly anti-religious. He felt that religion was a dependency that showed that the person had not adequately developed. He openly stated that

Of the three powers which may dispute the basic position of science, religion alone is to be taken seriously as an enemy. ... Religion is an attempt to master the sensory world in which we are situated by means of the wishful world which we have developed within us as a result of biological and psychological necessities. But religion cannot achieve this. Its doctrines bear the imprint of the times in which they arose, the ignorant times of the childhood of humanity. Its consolations deserve no trust. Experience teaches us that the world is no nursery. ... If we attempt to assign the place of religion in the evolution of mankind, it appears not as a permanent acquisition but as a counterpart to the neurosis which individual civilized men have to go through in their passage from childhood to maturity (Freud, 1931/1965, pp. 198, 207-208).

Other psychiatrists and psychologists have not been quite so adamant in their statements about religion. Erikson was able to understand that ... trust born of care is, in fact, the touchstone of the *actuality* of a given religion. All religions have in common the periodical childlike surrender to a Provider or providers who dispense earthly fortune as well as spiritual health ... and finally,

the insight that individual trust must become a common faith, individual mistrust a commonly formulated evil, while the individual's restoration must become part of the ritual practice of many, and must become a sign of trustworthiness in the community (Erikson, 1950/1963, p. 250).

In fact, as various approaches to psychological healing have become more prominent during the twentieth and twenty-first centuries, there have been more and deeper understandings of the way that God fit into the healing process. Following the increase in popularity of Bowlby's attachment theory, theologians began to see how God could fulfill the attachment role. "The idea of God is the idea of an absolutely adequate attachment-figure. ... God is thought of as a protective parent who is always reliable and always available to its children when they are in need" (Kaufman, 1981, as cited in Clinton & Straub, 2008, pp. 22-23). The American Psychological Association (1992, p. 1601) has indicated that religion is one area that therapists ought to examine as a major factor in their diversity as patients and should be considered as a focus for therapy (Shafranske, 1996).

Of course, the original antipathy of psychology for religion was returned, often with a vengeance. A branch of counseling, Nouthetic counseling, arose and stated that only Scripture could be used to assist people who were struggling, that all difficulties were due to inadequate faith, and that the appropriate counselor was a pastor, and no other. Books like Jim Owen's *Christian Psychology's War on God's Word* (1993) took to task those who would attempt to allow psychological theory to infiltrate the teachings of the Church. Vitz (1977) saw psychology as becoming its own religious cult, drawing

people away from the worship of God. "This book is for the reader interested in a critique of modern psychology – the reader who knows, perhaps only intuitively, that psychology has become more a sentiment than a science and is now part of the problem of modern life rather than part of its resolution" (Vitz, 1977, p. 9). Richard Ganz (1993) was quick to note that "the progressive loss of the Christian consciousness has brought us deeper into relativism and irrationalism. ... Nowhere is the loss of a Christian consciousness more apparent than in the field of psychology" (Ganz, 1993, p. 62). Fortunately, this tendency has lessened over the years. The American Association of Christian Counselors has helped foster an attitude wherein Christians can accept as God-given certain psychological insights without diluting their faith in the Lord and His Word. They are publishing a counseling library of books that integrate psychology and spirituality. The first in this series is McMinn (1996).

When a person is unable to form an appropriate attachment with another as an adult, it is often because she has not had the opportunity to discover what an adequate attachment could be like. God is able to be that attachment for those who have not previously experienced one. This is not an easy accomplishment for people to achieve (because they do not know how to do this), but it can be the point where development can begin. "A core aspect of attachment theory most appealing to the study of religion is that of the 'secure base'" (Clinton & Straub, 2008, p. 23). This secure base can be the launch pad of developmental growth, both for the individual and for the family involved. As the individual experiences the unfailing and unchanging security that God provides (Scripture reminds us [Heb 6:17-20; 13:8] that our God is unchanging and that, when we

come to Him, we will always find that security and unfailing love), she becomes more able to accept that security from other people as well. This is often first seen in the relationship she forms with the therapist. As she finds that the therapist does not become rejecting and cold toward her, she experiences a secure base from another person. This base is then able to be expanded into relations with family and others.

Individuals and families are inextricably entwined. The intrapsychic forces that a person experiences are often caused by and certainly are greatly affected by the family and society within which the person lives. Conversely, the effective functioning of the system is largely determined by the personalities of the individuals within the system. As we study individuals, we cannot forget the systems of which they are a part. As we study families, we cannot forget the individuals that form them. It is incumbent upon the therapist to look at the individual and the experiences that have formed him. It is difficult to assist the person to heal without providing some change to the family around him.

Attachment and developmental theories are two of the ways to understand the individual and explain later behavior such as the Type A behavior pattern. Any therapy, though, must recognize the importance of changing the family patterns that support the behaviors that the individual expresses. An alteration in the family system will have as one of its sequelae the change of the individuals within that system. Structural family therapy is one such effective therapeutic tool to use in the healing process. Although uncomfortable at first, the restructuring of the family system permits the individual to have the structural security to explore his or her own developmental issues.

² The names and other details of the people involved in this case study have been altered and disguised in order to protect the confidentiality and privacy of the subject. This case is used with the permission of the participants.

CHAPTER 4:

CASE STUDY: A FAMILY IN CONFLICT

The interaction of intrapsychic concerns, individual behavior patterns and system functioning creates the possibility of myriads of ways of relating. When one's own personality characteristics conflict with the structure of family life, there are likely to be series of confrontations within the family system.

Such is the case with Danielle's family². A detailed investigation of Danielle's and James' personal psychological and family-of-origin structures provides a basis for an understanding of some of the dynamics of family life and some of the *holons* that appear within the present day family system of which they are members.

Danielle was born in what she describes as "an upper-middle class WASP [White, Anglo-Saxon Protestant] neighborhood" in New York State. Her childhood was one of "secrets and lies." Her mother, an alcoholic, was abusive (physically and emotionally) toward her throughout her childhood. Margaret, her mother, had numerous affairs with men during the day while Frank (her father) was at work. Margaret would tell Danielle that she was going to buy a quart of milk, but then would walk into the home of a man down the street for a sexual liaison, in full view of Danielle watching from her front door. As the eldest of three girls, Danielle was forced to become the primary caretaker of her younger siblings. She was thrust into an executive *holon* role with those with whom she normally would be in a sibling cohort.

² The names and other details of the people involved in this case study have been altered and disguised in order to protect the confidentiality and privacy of the subjects. This case is used with the permission of the participants.

Danielle's father, on the other hand, denied that any of this activity was going on. He never confronted (to Danielle's knowledge) Margaret about her behavior. He would inform Danielle that she was not to spread such stories outside of the family. To this day, he will never contradict Margaret in front of the children. He will not acknowledge that her behavior might be less than model. He expects that his daughters will be polite and respectful at all times toward her, but does not expect the same courtesy from his wife toward them. He has often said that "appearances are vital." He stresses that this statement should rule their lives.

Margaret comes from a nuclear family situation in which she was distant from her family while a great deal of attention and love was poured upon her younger sister. Both of her parents became ill, her father with diabetes and her mother with Alzheimer's Disease. Margaret had been forced to care for her parents while her sister did not assume any of these responsibilities.

Frank comes from a family that evidenced much tension. Frank was the favored younger son of emigrants from Scotland to Canada. The entire family had been involved in a business enterprise that had brought them to this continent. However, in a hostile takeover, his older brother had "stolen" the family business and had forced the father and the rest of the family out of the firm. The entire family was devastated and torn apart by this action. Both of Frank's parents suffered with anxiety and depression for the rest of their lives. Frank has denied that any of these problems ever occurred (the stories have come from others in the family). He simply accepts that his brother runs the business. However, Frank and his brother both have had longstanding problems with alcohol abuse

and depression. These would appear to have antecedents in the emotional struggles that have followed them through their lives.

Frank's defensive maneuver of denying or ignoring problems has created a distance between him and his three daughters, all of whom deal on a daily basis with depression, anxiety and stress. All three daughters have married men who appear to be the opposite of their father. Danielle's two sisters have married men who are angry and controlling. Danielle married a man who, although outwardly passive, tends to deal with situations in a passive-aggressive manner.

As one reads a genogram (McGoldrick and Gerson, 1985) of Danielle's family (see Appendix A) it can easily be seen that there is an extensive family history of depression and anxiety within the generations. Danielle and all her sisters struggle with depression and anxiety. Her mother was depressed. Both of her father's parents were depressed. One could surmise that Frank and his brother dealt with (or masked) their depression with alcohol. Further, the interactions between family members are rife with conflict and estrangement. Danielle learned these interpersonal behaviors at an early age. They have become for her a preferred method of dealing with stressful situations. She too reacts to stress by wanting to fight the other person or attempting to flee from any sort of relationship or interaction with them.

During her adolescent years, Danielle was the victim of several unwanted sexual advances and relationships from friends and relatives of her parents. She was always fearful of speaking of this to anyone, including her parents, because "one does not air dirty laundry in public" and she knew that she would be beaten for exposing this family

shame. It was especially during this adolescent period that Danielle's Type A behavior coalesced into a structured way of being. She developed the aggressiveness, competitiveness and lack of patience, time urgency, overcritical nature, setting of high expectations, irritation and freeform anger and hostility that are so typical of the Type A personality. Danielle left home at age 18 to attend college. She openly states that she "fled" from home and attended a certain university primarily because it was hundreds of miles away from her family ("It was too far away for them to visit!"). However, she found that her Type A behaviors blossomed and she felt herself driven to succeed. She did not become overly active socially during her college years but developed a few close friendships that still exist today. She majored in Spanish, but following graduation was unable to procure employment that would allow her to escape and move to Spain. She instead moved to Boston, MA, where she worked as an administrative assistant in a mortgage firm. While in Boston, she developed many serious romantic relationships, but none to the point of long-term commitment. She states that, although she lived with several of these men, she always maintained her own apartment, "just in case things didn't work out."

It was while she was in Boston that she met her future husband, James. She states that she did not love him but saw marriage with him as an opportunity to escape from her family and her dead-end job. Shortly before the marriage, Danielle almost cancelled their engagement when she began to realize the commitment that she was making and the challenges that would be involved for her. She suddenly realized that, if she were to get

married, she would not be able to run away. However, she states that her parents had already sent out the invitations and "it would look bad for them" were she to cancel the wedding. She went through with the ceremony, all the while wanting to follow her inclination and run away. Because of her sense of expectation and striving, she has stayed married for twenty-four years, even though she states that she still wants to run away and move to Europe. She has several times spoken to her counselor about divorcing her husband, taking their son, and moving to France to start a new life.

Danielle became pregnant shortly after the marriage. When their daughter was born, she and James agreed that she should leave her employment and stay home to raise the family. She has had many mixed emotions about this decision ever since. Although she has since returned to the workforce, she senses herself to be underemployed [for who she is].

Danielle reported she has never been able to find safety or wholeness in family or community. Nor has she been able to find security or peace within herself. As a result, she finds herself standing alone in the midst of her family. She cannot trust others, yet she cannot be certain that she would be happy were she to be freed from the community in which she is set.

John Bowlby, in his work on the importance of attachment, said that "there are, in fact, no more important communications between one human being and another than those expressed emotionally, and no information more vital for constructing and reconstructing working models of self and other than information about how each feels towards the other" (Bowlby, 1988, pp. 156-157). Danielle has never been able to develop

a very secure attachment to another, even with her friends or lovers. Therefore, she has never been able to create an emotional commitment to anyone. Bowlby continues: "Clinical evidence suggests that, if it persists, this pattern leads to a variety of personality disorders from compulsive self-sufficiency to persistent delinquency" (1988, p. 167).

The concept of compulsive self-sufficiency certainly resonates with Danielle's story. She has developed a persistent level of anxiety and depression, compounded by a narcissistic frame of reference toward the world. She trusts no one; she experiences little joy from her relationships with family and peers; she finds it difficult to maintain an emotional commitment with anyone, family, friends or even God. She finds it necessary, compulsively so, to control all aspects of her environment, self, husband, children, job, and therapy. She is unable to allow others to take on their appointed roles within the family, but finds it necessary to manipulate them into following the direction that she sets for family life. The first time the family had a joint session with a therapist, she did not attend, but sent a letter that she demanded the counselor read to the family. In this letter, she explained all of the areas that, in her eyes, the family was deficient. [The therapist did not accede to her demand and did not read the letter.]

It was as a child that she learned this preferred method of interaction with others. When there were disagreements, she would either fight or flee the situation. This method was necessary for her at that time. She learned quickly that conflict or escape were her only options. However, she has never learned how to modulate these responses as an adult and live in the tension of engagement with those who differ from her in personality or belief. She still employs her fight/flight mode of social interaction, especially in

situations that are stressful for her, as disagreements are. She appears to exaggerate her internal responses to others beyond those for which the situation calls. She usually will look at her world in absolute terms without the willingness to see nuances in the situation or in her possible responses. She entered therapy with the goal of learning how to help her family to "see things my way." She has often complained that her therapist sees "grey when there is only black or white." When combined with her internal anger and anxiety, a residual of her childhood, she tends to become overly rigid and unbending.

There are many antecedents (and possibly causes) for the behaviors that Danielle exhibits. Her Type A structure, especially the perfectionistic and hostile attitudes and behaviors, limits her ability to interact with others on an emotional and behavioral level. While still in her teens, Danielle internalized the truth that one needs to be totally independent of others because other people are inherently untrustworthy. Therefore, she views interdependence as impossible and not to be sought. Her Type A behavioral characteristics were solidified to the point that she now feels unable to change them.

John Bowlby has stated that "study after study ... attest that healthy, happy, and self-reliant adolescents and young adults are the products of stable homes in which both parents give a great deal of time and attention to the children" (1988, p. 2). Because of her chaotic upbringing with a father who was constantly attempting to appear prosperous and successful and a mother who was abusive and neglectful and whose focus was on appearances, Danielle has never had the opportunity to develop a secure attachment and learn stable, healthy ways of being. This has led to a narcissistic worldview, one that is

focused solely on self and the ways that others impact personal beliefs, needs, and desires, and a Type A personality structure.

Internally, Danielle has made little progress in therapy. She still exhibits the Type A behaviors that were a hallmark of her personality structure when she began counseling. She is still perfectionistic, driven, anxious, and hostile. She still wishes to flee from James and Sandra and live in France by herself or with her son David, who is the "good child" in the family. She is unwilling to look seriously at her marriage or at her own behaviors that contribute to the impending separation between her and her husband. She is once again talking of divorce, and does not want to do the work of repairing the marriage.

Danielle has used her counselor as a non-anxious, secure attachment figure. Even this, though, is a very tenuous relationship. Whenever her behavior and attitudes are confronted by her counselor, she retreats into her sense of righteousness and will not entertain any suggestions for personal growth. She will either dismiss the suggestion or will force the conversation back onto the problems that she has with Sandra, which are "all Sandra's fault", or the "terrible" things that James is doing to her by working so much and ignoring her needs.

Claiming financial hardship, she has reduced therapy to an "as needed" basis. When her frustration, anxiety and fear become too great, she will call her counselor for a discussion. Sometimes, she will set up an appointment to be seen, but usually is satisfied with a telephone conversation.

This form of discussion is much easier for her, because she can control the timing and direction of the conversation. Whenever her counselor speaks of personal or marital work, she is able to shift or end the conversation. She can retreat from having to deal with the focus being on her and allow it to be where she wants it, on the “evils” of those around her. She also does not need to deal with any non-verbal language or gestures while speaking with her counselor.

Danielle exercises a great deal. She states that this is the way that she eases her anxiety. Yet, even here, her Type A perfectionism shines forth. She loves to run and does so daily in her neighborhood. She has, though, extended this to annually running the Boston Marathon, last year competing at an under three and a half hour pace. She claims that she does not want to compete anymore, but is thrilled and proud when she qualifies. Each year she states that “this is the last time”, but each year she runs again.

Danielle is a woman who has never been able to form a lasting attachment with another person. As a child, she did not learn the mechanics of doing so. She was not able to form an emotional bond with another, and so does not know how to do so. As a form of compensation for her chaotic upbringing, she overdeveloped her Type A characteristics and tendencies and then used them as a wall to protect her from the hurt and neglect she had typically experienced from others. She has been unwilling to open herself to emotional closeness with others and has therefore felt the need to be hostile toward and fight people with whom she is in conflict or else flee from the relationship entirely. This inability to form relationships extends even to her association with God. She will allow Him only certain closeness, but will not (cannot?) permit Him full access

into her life. Approximately seven years ago, Danielle experienced a conversion moment with God. She has since been struggling to integrate her new learning and a new way of being into her preferred attitude toward life. She is finding it very difficult to allow herself to be led by another rather than controlling and protecting her own destiny. She believes in the salvation that comes from Christ, but is reticent to participate in an intimate relationship with the Almighty. It even appears that her church attendance has been mirroring her life. She will participate in one congregation up to the point that commitment is demanded of her and then will move on to a new church. She is presently attending a church on a university campus, in part so that no commitment demands will be placed on her.

Danielle has struggled throughout her life because she never has been able to negotiate fully the basic stages of growth. She never was permitted adequately to come to terms even with the first stage, which Erikson would term "Basic Trust vs. Basic Mistrust" (Capps, 1983, p. 17-31; Erikson, 1950/1963, pp. 247-251). This has limited her ability to develop properly through the remaining stages. For Danielle to fully navigate the rest of her growth will necessitate coming to grips with this first, very basic concept. It is precisely this that is so difficult for her.

It is hoped that, through a deepening relationship with Jesus Christ, Danielle might discover an attachment with an Other who can provide the nurturing that she has heretofore never found. The gradual allowing of God into her life can provide an example to teach her how to permit attachment to other people. As Christ challenges her

to grow in holiness and wholeness, but without judgmentalism, so she will be able to relate with other people with decreasing fear or anxiety of rejection.

The feelings (and reality) of abuse and neglect that have haunted her life, as well as the necessity as a child of having to assume a parental role for which she was not prepared have developed within her the sense of being alone and solitary in the world. It is hoped that she can make the decision to let those feelings belong to the past, rather than re-incarnating them on a daily basis.

Danielle's marriage is presently in shambles. Her Type A features and behaviors are creating division between her and her husband. Her domineering and dismissive attitudes have driven James ever farther away from her. Her hostility and aggression have solidified the boundaries between them. Her competitiveness, when bound with the hostility, have had the effect of proving to James that he is less of a person than she is. He has distanced himself from her. His actions have reinforced for her that he does not care for her. The cycle continues between the two of them. If they were able once again to unite as a couple and redevelop a spousal subsystem, the other difficulties that they have, for example with Sandra, could be dealt with jointly, easing the burden upon each of them and providing support each to the other. However, Danielle is not, at present, willing (able?) to enter into the hard work necessary to redevelop a relationship with James.

An openness on Danielle's part to confront the fear and pain of childhood could reap immeasurable rewards during her elder years. She could be able, for the first time in

her life, to know truly the peace that comes from the healthy integration of all aspects of her personhood.

James is the grandson of an immigrant to the United States from Canada. His grandfather, Wesley, moved to the U.S.A. to find employment, leaving his wife and children at home in Canada. While he was alone in this foreign country, he set up a second household with an American woman. He abandoned his family, making little provision for them at home, not sending them money or visiting with them. Susan, Wesley's Canadian wife, was forced to turn her home into a rooming house in order to feed the children. James' father Whitney, being the only male, was assigned the job of being the "man of the family", which position he disliked heartily. He felt that his two sisters, one a fraternal twin of his and the other two years older, received all of their mother's love and attention and that he was left friendless and without direction as he was growing up.

Whitney married and had five living children (there was one stillbirth). Of these, James was the second boy. He felt "lost in the crowd" and that his family had little time for him. As his genogram (see Appendix B) shows, his siblings have all had medical and (except for his sister) addiction issues as well as psychological issues. His brothers all suffer with Post-Traumatic Stress Disorder, probably as a result of their experiences during the Vietnam War. James was unwilling to offer any information about his relationships or interactions with his siblings. In fact, James experiences great difficulty in discussing emotional issues of any kind, unless they are immediate and intense. He recognizes and affirms the emotional estrangement that he and Danielle experience, but

not with any feeling or passion in his voice. He does, however, become animated and emotional at the difficulties of the situation in which the family is presently living, especially those with their daughter Sandra.

James works as a software developer in the computer industry. He has had a successful career, with promotions, so that he is now a project coordinator, serving as leader over many other software developers. He has, though, had several significant periods of unemployment. During these times, he has heard and internalized Danielle's frustration and disappointment at his "lack of motivation to find a job" and provide for the family (attitudes which have come from Danielle's Type A sense of time urgency). This is a reminder to him of the fact that his grandfather did not provide for the family and the opprobrium in which males have been held by the women in the family. He senses a recreation of the ancestral theme. Having experienced his father's hurt, he feels it again within himself. He feels impotent because he does not know how to provide an alternative narrative to the one in which he was raised.

This is compounded by the fact that this is James' second marriage. He was married in his twenties to a woman named Linda. He had been committed to Linda but finally divorced her after she had had several affairs with other men and women. He still believes that this is a failure on his part.

His experience of his relationship with Danielle is little different. From Danielle he has often heard overt hostility and aggression: that she has never loved him, that she didn't want to marry him and should not have, that he is lazy (or, alternatively, that he becomes so preoccupied with his work that he does not have time to deal with the family

issues). He is constantly reminded that he is not acceptable as a husband or as a man. His self-esteem erodes further whenever he receives one of his wife's hostile criticisms. He develops a plan of action to deal with family crises and then she informs him that the plan needs to be changed, or that he will "blow it" and not have the ability to carry through adequately with the strategy that he has devised (related perhaps to her sense of perfectionism).

As James has felt himself increasingly demeaned and emasculated, his response has been to withdraw more and more from interaction with Danielle, thereby confirming in her mind that he is not interested in her or in their family. The two of them have thus set in motion a cycle of negativity that has deeply damaged their marriage.

Danielle and James have never developed an optimal and permeable set of boundaries within their marriage or their family. They have never been able to complete the first developmental stage of couple formation (Minuchin & Fishman, 1981). Ideally, this occurs when the couple initially negotiates the boundaries that differentiate them as a couple from the world around them. They need to reconcile the differences that exist between them from living in their earlier systems. They need to develop the rules that will govern their life within the system. Most of all, they need to learn how to disagree and to argue, how to deal with the conflict that will arise in their common life. Instead, the disengagement and hostility that Danielle has expressed and the withdrawal that James has manifested have characterized their life as a couple. Danielle's need for the control and organization of their life as a couple, and James' withdrawal, have diminished their ability to function interdependently and cooperatively. The

aggressiveness and lack of patience that she shows have moved James to feel the need to withdraw emotionally from her. She has pushed him to conform to her own ideas of what he should be and how he should act. As Day & Jreige (2002) pointed out, she has acted toward him in a manner that is "self-centered, egocentric, abrasive" (p. 110).

In his rebellion against Danielle's attitude and actions and in reaction to his upbringing, James has become far more independent and self-reliant, thereby furthering the boundary disengagement process. There is no longer a sense of "family belongingness" in the marriage dyad. Communication between the two has become exceedingly difficult. James feels isolated from Danielle and from the rest of the family system. In essence, there is no longer a couple present as leaders of the family. There are only two individuals. Each has his or her own interests. Neither is willing any longer to forego his or her own prerogatives in order to recreate or maintain the marital dyad.

James' own sense of rejection has caused him to wonder about his own self worth. He has given up hope that he can have a joyful and satisfying marriage again. He has never been allowed to be the head of the family as God intended, and so has decided that, for his own mental health, he must abdicate any emotional investment in the marriage or in the family. He has become ever more withdrawn and angry. His hurt has caused outbursts of deep hostility that are interpreted by others as irrational rage (even though he would vehemently deny this). He wonders if marital therapy would even do any good anymore.

As much as James would like to experience an accepting and loving relationship with Danielle, he has come to the conclusion that this is highly unlikely because of her personality and behaviors and his reaction to them.

Danielle and James have two children. The elder is Sandra. She has graduated from a state university and is living once again at home. She has had since childhood a temper that flares, usually against her mother. There have been numerous times that she has had physical altercations with her mother, seldom ending in physical injury. However, Danielle has, in therapy, offered to show the marks (or photographs of bruises) where Sandra has bitten her or hit her. Sandra has at times exhibited all eight of the criteria of Oppositional Defiant Disorder³. In fact, when this was being checked during a family therapy session, she acknowledged that she knew what was being examined and even knew the name of the diagnosis. She denied, though, that she suffered with this, even though she fit all eight of the criteria of the disorder.

³ The criteria for Oppositional Defiant Disorder in the American Psychiatric Association's *DSM-IV (TR)* include the following:

- A. A pattern of negativistic, hostile, and defiant behavior lasting at least six months, during which four (or more) of the following are present:
 - a. Often loses temper
 - b. Often argues with adults
 - c. Often actively defies or refuses to comply with adults' requests or rules
 - d. Often annoys people
 - e. Often blames others for his or her mistakes or misbehavior
 - f. Is often touchy or easily annoyed by others
 - g. Is often angry and resentful
 - h. Is often spiteful or vindictive
- B. The other criteria serve to delineate the duration, course and extend of these behaviors.

Danielle's Type A behavior pattern has long manifested itself in her behavior toward Sandra. Danielle has never been able to understand why her daughter has not had the drive and focus of mind that, for the person with Type A, is so important. When Sandra could not decide what college she wished to attend, her mother's response was that she should simply write down the positives and negatives of each school and then make her decision. During the periods when Sandra would not follow through with projects that needed to be completed for a certain goal, Danielle would become extremely upset that the work had not been completed. Danielle has never known exactly what Sandra thought of her. This simply enhances Danielle's insecurities about her status with her daughter. This insecurity, along with the frustration of the "lack of direction", have been expressed by Danielle in a hostile manner. Danielle has alternated between her love for her daughter, expressed in little cards and presents at unexpected times, and her disagreements and fights with Sandra as she attempts to figure out her own life.

Sandra's interior life and emotional state have shown a remarkable similarity to those of her mother. She has struggled throughout her life with the tendency to adopt a fight/flight relationship with others. She alternates between pathologically attempting to receive acceptance from others and forcefully pushing them away from her and creating a rigid boundary around herself so that she will not be hurt through her interactions with them. Sandra's negativistic and hostile behavior (which is consistent with Oppositional Defiant Disorder) appears however to be a defense mechanism designed to protect her from the hurt, anger and estrangement she sees as she looks at her parents' relationship and their relationship with her.

therefore She does have affiliation needs, though. She manipulates her surroundings so that she can develop relationships with men. When she is in such a relationship, her complete focus is on the man, to the exclusion of all other people and activities. She devotes her entire self to the man, allowing him to run her life and dominate all her thoughts and actions. These relationships consistently appear to be abusive in nature, with her allowing the man to use her emotionally for his own needs without thinking of her wants or desires at all. It is the pattern of these relationships that initially brought her mother and then the whole family into therapy. that are present in the family and manipulates them Sandra's behavior also appears to have systemic purposes as well. As she has experienced the estrangement between Danielle and James, she has felt the need to develop a strategy to bring them together, to regain a homeostasis, "the organism's tendency to use regulatory mechanisms to maintain relative stability in the face of forces pushing for change" (Baucom, et al., 2000, p. 292), within the family. She has, deciding unconsciously, been working to bring her parents together through them having to deal with her inappropriate behavior. She has reasoned, albeit unconsciously, that James and Danielle would have to unite and develop a parental dyad in order to assist their daughter to heal. She has understood implicitly that, if the family is a "self-correcting system" (Burbatti & Formenti, 1988), it will correct the difficulties that are interfering with healthy functioning. In short, "if they are so worried about me, they'll forget about their own troubles and come together again." However, families with overly rigid boundaries find it extremely difficult and stressful to adapt in these situations. They do not have the ability to accommodate themselves to the necessary new boundaries with ease. There is

therefore more stress added to the system as they attempt to negotiate a new way of relating. Sandra's family is not adapting well. The extra stress of dealing with her is driving a deeper wedge point between her parents.

David, age 19, is the "good child". He has not been openly defiant or troublesome to his parents. He excels in sports and is a very good student. He has become a confidant for his mother, thus creating a mother/son dyad rather than the more healthy parental and sibling *holons*. However, he is willing to admit, even in front of his parents, that he recognizes the dynamics that are present in the family and manipulates them for his own benefit.

David has played an important role within the family dynamics. He has provided a perfect foil for the acting out behaviors of his sister. He has provided his parents with the ability to focus on Sandra as the "identified patient" and focus their attention on her rather than on the system as a whole. However, he has tired of this role. When deciding where to attend college, he deliberately chose a school that was not only out of state but out of the country as well (thus repeating his mother's history). His attempt at individuation is proving markedly successful. He returns home only twice each year. When he is home, he spends much of his time with his girlfriend rather than with the family. He has stated that the situation with his sister is too much for him to endure, so he stays away.

David has dealt with his mother's Type A behaviors in a very different way than his sister has. He has responded by being the "good boy" who projects the image that his mother wishes to portray. In her insecurities, she needs to have the affirmation of those

around her. David has played this role within the family. Danielle can therefore look at him and be comforted that there is a person who is living up to her ideals and is fulfilling what she perceives as the “proper” role within the family (which Sandra and James are not doing). David is thereby manipulating her into allowing him to do the things he wants.

However, he has not found this to be fulfilling in his life. He has determined that he needs to become the person that *he* wants to be. This is one of the major reasons he is attending college outside the United States. Without the ameliorating effect that David has within the family, a crisis point rapidly is being reached.

The situation that initially propelled the family into therapy occurred when Sandra was seventeen. She had started dating a boy from her high school. In doing so, she had isolated herself from all of her friends. She was no longer taking interest in family activities that she had previously enjoyed. Her grades in school had dropped precipitously. Sandra was lying to her parents about where she was and what she was doing. James and Danielle had discovered that Bruce, the boyfriend, was pressuring Sandra into experimenting with a sexual relationship. Against their wishes, Bruce’s parents allowed the two young people to visit with each other in Bruce’s bedroom. Bruce’s parents had even agreed that Sandra could move into their house when she turned eighteen. Danielle felt that they had “lost” their daughter and wanted to get her back again.

The crisis was soon resolved, when James spoke with Sandra and forcefully suggested to her that the relationship was to end. At the same time, he went to the

workplace of Bruce's father to discuss with him the necessity to end the relationship.

Bruce's father, a local TV news personality, was finally persuaded to agree with James, following threats of exposure in the workplace.

What originally was one episode, however, has since become a pattern. Sandra has been involved with a number of boys since Bruce. When she becomes serious with one, it is usually someone of whom her parents do not approve. When she is involved in a relationship, she lets all other aspects of her life go. Due to her relationship with Bruce, her grades at the end of high school made it impossible for her to enter the program at the university into which she had hoped to enroll. This was also the program that most of her friends were entering. It took her until the beginning of her junior year in college to redevelop adequate and appropriate study habits.

Soon after she began improving in school, though, she began dating another man that her parents did not like. In fact, they had to initiate harassment proceedings against him for drunken, lewd, and insulting late night telephone calls that he had made to Danielle. Sandra allowed her grades in school to drop once again. She is now finding it difficult to enter her preferred career path as a physician's assistant.

During the winter break of her junior year in college, she ran away from home to be with her boyfriend. She disappeared from a job that her father had obtained for her in the company for which he works simply because she wanted to spend time with the boyfriend and knew that her parents would not want her to go. She also ignored several urgent medical appointments that she had as well as larger family gatherings in order to focus on him.

Andrew, the new boyfriend, holds an allure for Sandra. He is the scion of a wealthy family from a city some distance from the town in which Sandra lives. He is intelligent, and is attending a prestigious university in the nation's capitol. According to Danielle, he has been coddled by his parents, so that they seem to be willing to give him every advantage. When Sandra ran away to be with Andrew, his family welcomed her into their home. They began activities that would seem to be designed to separate her from her parents. They provided her with a cellular telephone and showed her how she could receive college loans so that she could leave her parents and move in with Andrew. They procured for her a summer internship in a hospital near where they live and assisted in paying her living expenses while she lived with Andrew and completed the internship.

Now that Sandra has graduated from college, she has requested of her parents that she live at home while attending a course of study designed to lead her toward her physician's assistant career. Danielle and James have been struggling with their response. They have finally decided that Sandra can remain at home, but only if she has no interaction whatsoever with Andrew.

Sandra believes this to be an onerous condition. She is also angry with her parents for refusing to pay for the course she wishes to take. However, she has agreed to follow her parents' requirements, as she has no other place to go. Her history suggests that it is highly unlikely, though, that she will comply with her parents' wishes. She is far more likely to continue to be in contact with Andrew without her parents' knowledge, so that the situation can be manipulated to her own advantage.

This is exactly what has happened. She, a few months ago, as an act of rebellion, moved out of the house and moved into an apartment with Andrew in a faraway city.

The next day, however, she realized how great a mistake this was and begged her parents to allow her to come home. This Danielle agreed to, but instituted numerous new rules to both punish Sandra for her disobedience and also to teach her that "rules are not meant to be broken."

As one looks at the structure of this family system, it becomes apparent that there is not an optimal system in play here. There has never been the development of a spousal dyad. Danielle's past pain and neglect have frozen in place her tendency toward Type A behaviors. She has found it difficult to trust anyone, including James. Her anxiety and hostility toward others have found a focus in her attitude toward James and Sandra. She has found it necessary consistently to belittle James aggressively. She has undermined his authority in the family. She has lost patience with him and has therefore dismissed him as unworthy of her love and attention. She has demanded of him and of the whole family that they conform to her perfectionistic ideals immediately. When this has not been done, she has responded in an aggressive and hostile manner.

James, on the other hand, has accepted this behavior from Danielle. For him is it a re-creation of his family theme of the dismissing and belittling of men that has gone on for generations. He has therefore allowed Danielle to treat him in this way, but has withdrawn from active interaction in spousal life and has withheld his love and affection from Danielle. She has sensed this and responded in the only way she knows, by

belittling him further. A cycle of living has thus been set up. Neither of them is able or willing to break this cycle and begin to break down the walls between them.

The spousal dyad is reflected in the parental dyad. Danielle expects James to deal with the children in the way she feels is best. When James wishes to explore another approach, she reacts with hostility and belittles him and tells him that he would not have the ability successfully to complete his attempts. If he does so, she is quick to point out any minor flaws in his parenting style and demand that he conform to her style.

The children's sibling *holon* has never been allowed to develop. From an early age, Sandra and Danielle have had a conflicted relationship. Although Danielle is quick to point out the wonderful things she has done for her daughter (and she has done many very good deeds for Sandra!), there has always been a competition between the two of them as to who would hold the power in the family. David was never able to assert himself into the family mix due to the mother/daughter competition and the negative view of males. He determined that he would therefore manipulate situations for his own benefit. He has subtly directed actions for the furtherance of this end. He has even stated publicly that "I can get what I want."

The family dynamics have thus broken down to warfare between Danielle and Sandra, with everyone in the system out to protect themselves from the family struggle. Boundaries are rigid. Emotional support and protection are nonexistent. There has been no development of the family as a unit. They are therefore not able to adapt to one another so that the family can survive. Instead, at present there are four solitary and conflictual individuals who share the same last name.

Sandra's acting out behaviors, as has been noted, are in part a plea to her parents to do the work necessary to develop a family. She is attempting to force her mother and father to think and work cohesively as a unit, hoping that this will convince them that they can renegotiate their roles within the spousal subsystem and become one unit for the health of the family. Although this is not working, it appears that it is still her hope.

For change to take place, Danielle is going to need to understand and accept the hurt that she received in her family-of-origin. She is going to have to recognize how her reaction to these childhood experiences has transformed and developed into her Type A behaviors. She is going to have to do the work necessary to modify her behavior to such an extent that others will be allowed to get close to her. Her boundaries, which are very rigid at present, will need to change into more permeable, less protective walls, walls that will allow others to come near to her and learn to accept her, as she will need to learn to accept others.

James will also be required to change. He has internalized the myth of the ineffectual and unacceptable male. This myth he will need to moderate. His area of learning must include the understanding that he has rights and responsibilities within the family far greater than simply bringing home a paycheck. His presence, physically and emotionally, are vital for the proper functioning of the family. Without his enthusiastic participation, the entire system is diminished and cannot perform its duties adequately.

Sandra and David also have new roles to learn. They cannot save the family. The executive functions of family life are only completed appropriately by the parental subsystem. Sandra cannot "fix" her parents. David cannot simply explore what he wants

from the system. They are now at the ages where their responsibility is to begin a withdrawal from active daily participation in this system and an entrance into a new system of their own. Of course, they will never leave this system entirely, but its influence on them and their influence on it should be on the wane.

Therapy with this family could (and probably should) proceed along many fronts. Family work should center around the reorganization of the family structure so that there are clear delineations between the subsystems. Also, James should be encouraged to take a more direct role in leadership within the family. This would permit Danielle to rely more on his authority and allow the children to step back from their “protective” roles and realign as their own subsystem.

At the same time, Danielle needs to look at the attachment she has never received. This has inhibited her ability to trust James and to develop an intimate relationship with him. It has also affected her ability to empathize with the concerns James and the children have as they grow as individuals and as a family. She further needs to look at the ways in which her Type A behavior is affecting the rest of the family. Individual therapy with Danielle, looking at these issues, and with the therapist as a constant object in her life, can greatly assist her in her quest to develop in this area of her life. In addition, she needs to grow in her relationship with God as a means of healing past attachment hurts.

David has responded to his mother's Type A behaviors by being extremely

He has become a confidante for his mother, thereby setting up a mother-son

CHAPTER 5:

CONCLUSIONS AND RECOMMENDATIONS

The Type A personality consists of many behaviors. Friedman & Rosenman (1974) listed some of these behaviors as a freeform sense of aggression and hostility, a sense of time urgency, an insecurity of the person's status in various aspects of life, and a need for the accumulation of property (Friedman & Rosenman, 1974, pp. 70-79). Day & Jreige added to this list the conclusion that "Type A individuals may also be self-centered, egocentric, abrasive, and poor listeners and may lack effective interpersonal relationships and sources of support" (Day & Jreige, 2002, p. 110).

As we have seen, Danielle exhibits most of these behaviors in her relations with James, Sandra and David. She has been hostile and aggressive toward them. She has demanded that their activities be conducted and completed in the manner she prescribes and according to her timetable, even when that mode and timetable are unrealistic. She has treated the others in the family in an egocentric and abrasive manner, making demands on them that are not necessarily in their best interests but that she perceives to be desirable for her.

Each of the family members has responded to Danielle in different ways. James has become ever more distant and withdrawn from family activities. He "buries himself" in his work or his reading and tries to ignore the maelstrom of negativity swirling around him.

David has responded to his mother's Type A behaviors by being extremely compliant. He has become a confidante for his mother, thereby setting up a mother-son

subsystem rather than the more healthy parental and children *holons*. At the same time, though, he recognizes that he is simply playing a game. He has now determined that, for his own sake, he must escape the family environment and has moved to a university outside the United States.

Sandra has been the recipient of much of her mother's wrath. She has become the focus of the difficulty Danielle sees in her life. Sandra's attempts to strengthen the parental dyad have been fruitless, but she does not know any other path she can take. She has therefore continued to be the "problem child". She has responded to her mother's hostility by being hostile herself, by fighting back, by returning her mother's anger with anger of her own. Yet, she craves acceptance and love from her mother but does not know how to elicit or receive them.

The course of the therapy with this family has been complicated. Danielle first approached the counselor to gain advice on how to deal with the issues that Sandra was having (not that she was having with Sandra) and how she should respond to them. Soon meetings were held with her and James, and then with the entire family. After several sessions, however, Sandra refused to attend any more sessions because she felt that she was being isolated and set apart by her parents as the problem in the family and that she was not being heard in discussions.

Danielle continued in therapy for some time with occasional visits by the other members as necessary. This was especially so when a decision had to be made concerning Sandra. At those times James would join in a session or two to work on that specific concern. However, Danielle has never been able to grasp the importance that the

effect her Type A behaviors have upon the rest of the family. She considers herself to be “normal,” with James and Sandra having the problems. Her desire has been to learn how to “fix” them or to be given permission to leave them. She was resistant when the concept of attachment and her lack of experience with it was brought up. She understands and can recite back to her counselor that family dynamics can only be altered as she works with James in the development of a cohesive parental and spousal *holon*. She is, though, unwilling to engage in the activities and behaviors that could bring this about. She is not able to envision a family structure in which there will be love and respect for all people. She lacks the insight to be able to adjust her behavior so that others could respond to her in a positive manner.

The structure of the family, those organizational characteristics that make it who it is, have not changed through the therapeutic process. The family has not been able to adapt to the struggles it has encountered. Members have been unable to assimilate challenges to the *status quo*. They have simply retrenched into their previous behaviors, expecting that there will be different outcomes. More overt action could have been taken by their counselor to disrupt those behaviors. Simple structuring techniques, such as changing the placement of people within the therapy room or the therapist seeming to align with one member (Sandra or James) as opposed to another, could have been effective tools within the counseling session. There could have been more intervention to overturn some of the entrenched patterns of family life. The goal for such intervention would be the development of new ways of being a family, new understandings of the roles that each member should play for healthy family functioning.

There have, however, been positive aspects to the therapeutic process. Danielle has been able to experience and understand that a person can disagree with her (her counselor) without dismissing or demeaning her. She has experienced being in an environment where she is accepted, even as she is describing less than optimal behaviors on her part. She has been confronted about her actions, but has never left a session with the feeling that she has not been received with empathy. These are new experiences for her, ones that she is struggling to integrate into her understanding of who she is.

James as well has experienced positive benefits from the therapy. For the first time in his married life, he has comprehended that the problems in his marriage are not solely due to his own faults and failings. He recognizes that he is part of a system and that the total system needs to be changed in order for more healthy interactions to occur. He is more able to accept that, although he has a part in the dysfunctionality of the family, he is not the only person who has contributed to the problems the family faces. Each of the other members of the family must acknowledge their own part in the system's dynamics. This has been freeing for him to hear and understand.

Sandra is learning that her preferred mode of behavior, reacting to her mother's aggression with anger of her own, is no longer accomplishing the ends for her that it once did. She is finding that the estrangement that is growing between her and her parents is counterproductive to her emotional needs. Although she does not want to (and does not know how to) change her behavior, she recognizes that her conduct needs to be altered to fit productively within the family structure.

David, as a teenager, was able to manipulate the system for his own benefit. He has come to realize that, although this is very simple to do, it is not the most authentic mode of being for him. During his college time, he is learning who the genuine David really is. He is developing his own sense of how best to integrate within the family system.

The psalmist reminds the reader that “God sets the lonely in families” (Ps 68:6). Families truly are a gift from God to be cherished and nurtured. Even though the “perfect” family has not been seen since the Fall of humanity (Genesis 3), God still intends family life to be a source of peace and healing within the heart of the individual. It is in the community of the family, rightly structured, that this peace and healing can take place.

How we reconfigure the structure of our families to fulfill the purposes for which God intended them is where the difficulty is encountered. St. Paul gives the Christians the overarching command when he tells us to “submit to one another out of reverence for Christ” (Eph 5:21). The ideal family is one in which each member has grown to the point that he can explore and satisfy others’ needs before his own. Paul then continues by providing a structure for the family, with the reasons that such structure is important. Ephesians 5:22 – 6:9 describes the family system in such a way that the structure works to build up and to protect the entire household.

Throughout this paper, a theory was promoted that there were certain antecedents for Type A behavior. Among these antecedents is the proposition that one of the sources for this behavior is the lack of attachment (as propounded by John Bowlby (1973, 1988))

that the child experiences as a youngster. This lack of attachment with the mother figure, especially when caused by the irresponsible, unpredictable rearing practices of the caregiver, can lead the child to an immature attempt to provide a sense of structure for herself. As the child grows, this internal structure becomes crystallized into a personality type, which we know as Type A personality. It is not to be suggested that these are the *only* antecedents to Type A behaviors. However, a *prima facie* case could be made that childhood attachment is at least one of the correlates of the Type A Behavior Pattern.

This hypothesis has been suggested by others (Emmelkamp & Karsdorp, 1987; Steinberg, 1985). Further research would be beneficial in this area. The preponderance of writing on the subject of Type A deals with the present sequelae of the behaviors rather than the etiology. More studies (especially longitudinal studies) on the precursors of Type A and how Type A differs from or overlaps with personality disorders would benefit this field greatly.

If the proposition is correct that Type A might be related to at least in part a chaotic and rejecting childhood, then Structural Family Therapy would be one prime choice for the addressing of the symptoms. Minuchin (1974) and all of his colleagues were concerned to provide an optimal structure for the individuals within the family system. This is exactly what was lacking in the childhood of people with Type A. The provision of a structure is one way that individuals might be able to relax into the ideal of family that God has intended for us to experience. Such a structure, with its subsystems that provide specific guidelines for behavior, can provide the framework within which the

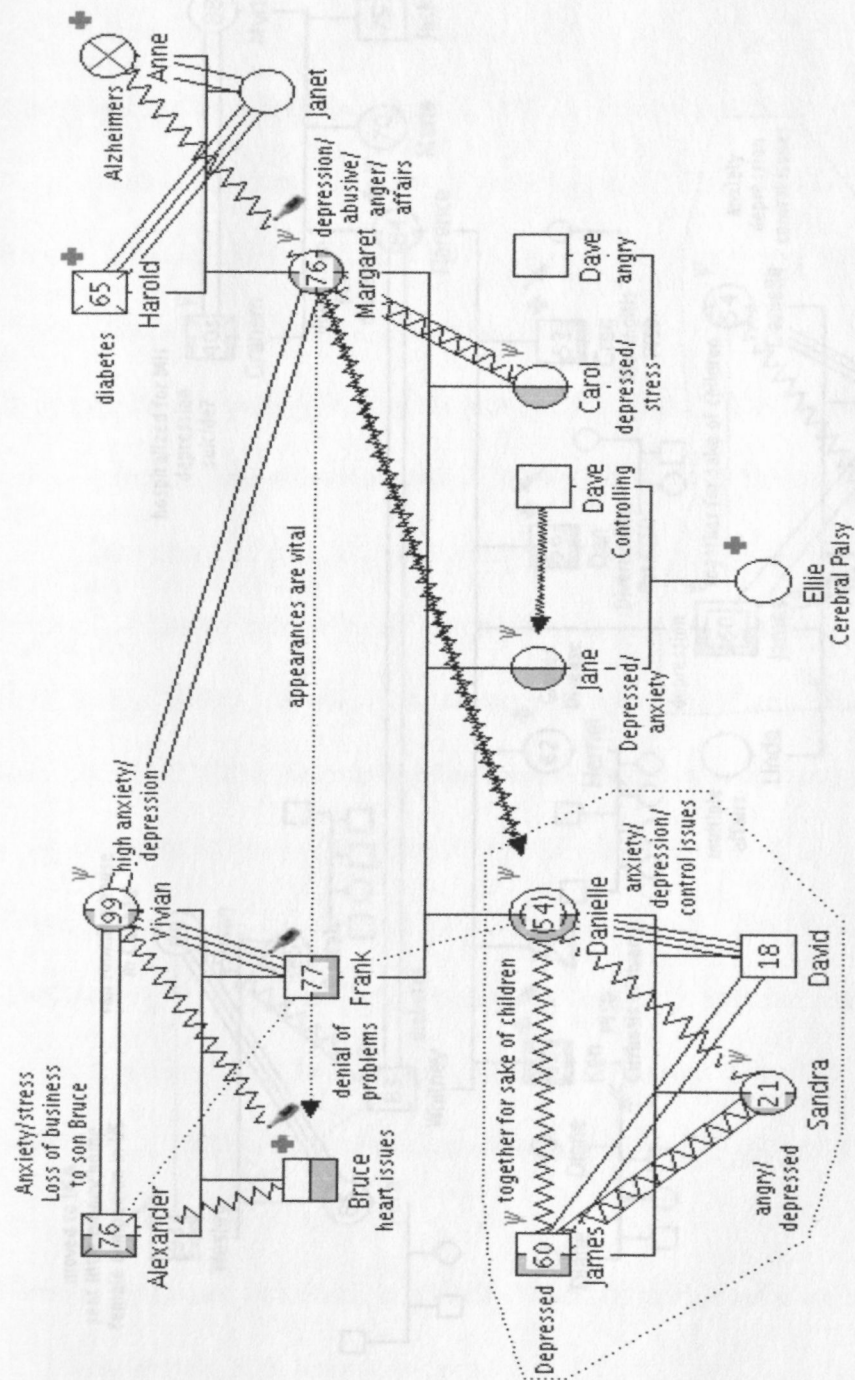
person with a Type A personality can find the safety to explore his or her true hopes and dreams.

There is another area about which much has been written from many perspectives. This has been reinforced for the author during the course of the therapeutic interactions with Danielle and her family. It is the importance of the family in therapy, even when counseling is individual in scope. Never can the person be studied in isolation. There is always a context within which the person lives and functions. Any understanding of the person must include that context, or the understanding will be woefully inadequate. All intrapsychic therapy must therefore take into consideration the family of origin and the system within which the person lives and works presently. This is so often overlooked during the therapeutic process. Too often, because the focus is on the individual dynamics, the interpersonal are overlooked.

Conversely, when working with families, it is important to study the dynamics and backgrounds of the individuals within the system. Genograms of the parties in therapy can provide great insight into the factors that are causing conflict within the present relationships. The wise therapist will always take both of these aspects into consideration during the planning and execution of therapy.

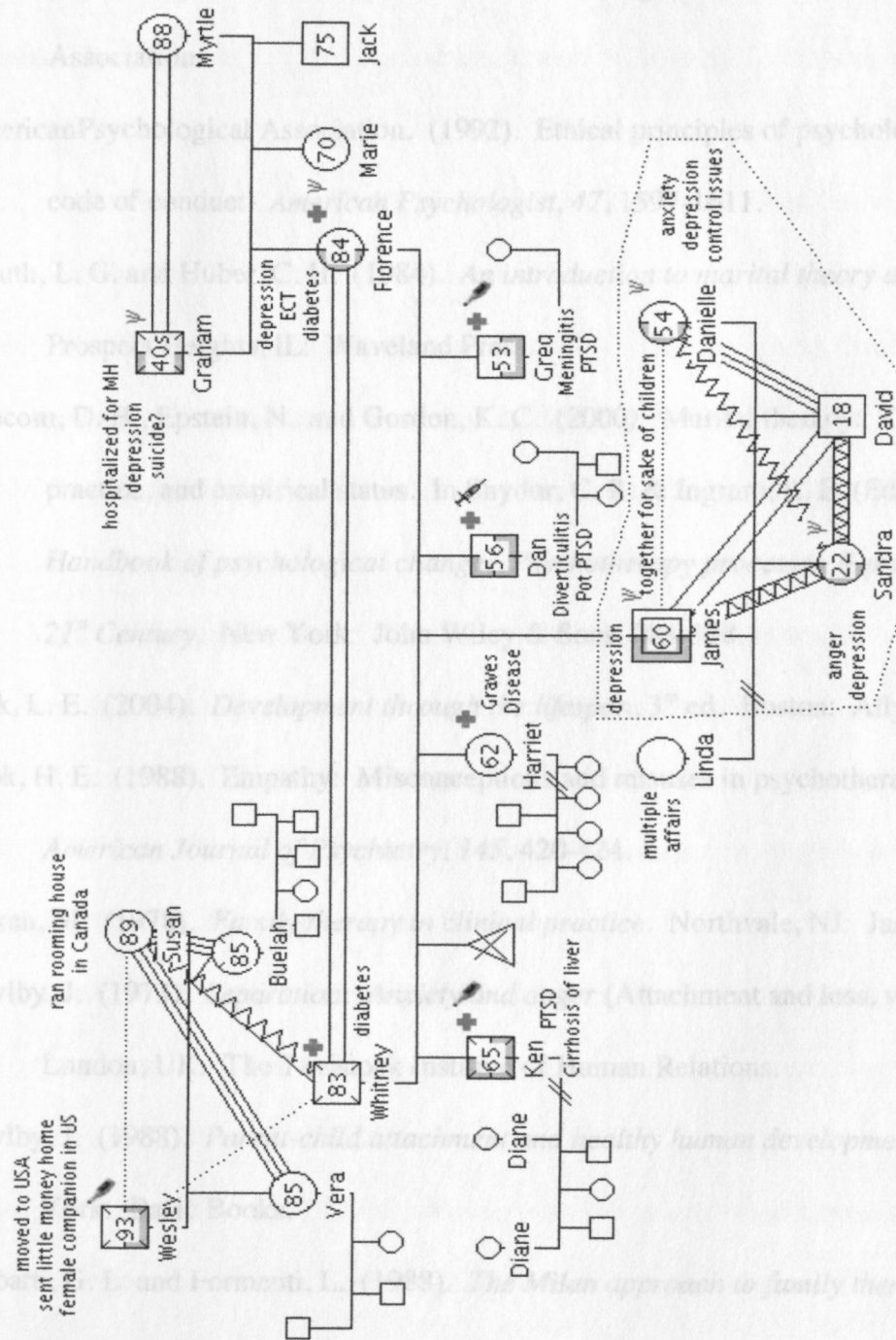
It is also important that spiritual issues be considered as part of the therapeutic process. The relationship the client has with God can provide an attuned therapist with a means of addressing many of the issues that are of concern with the client. The development of a deeper relationship with God can also offer the client an experience of a loving and caring Other who can provide support during the difficulties of life.

APPENDIX A: GENOGRAM "DANIELLE"



APPENDIX B:

GENOGRAM "JAMES"



REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, fourth edition, text revision*. Washington, DC: American Psychiatric Association.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- Baruth, L. G. and Huber, C. H. (1984). *An introduction to marital theory and therapy*. Prospect Heights, IL: Waveland Press.
- Baucom, D. H., Epstein, N., and Gordon, K. C. (2000). Marital therapy: Theory, practice, and empirical status. In Snyder, C. R. & Ingram, R. E. (Eds.). (2000). *Handbook of psychological change: Psychotherapy processes & practices for the 21st Century*. New York: John Wiley & Sons, 281-308.
- Berk, L. E. (2004). *Development through the lifespan*, 3rd ed. Boston: Allyn & Bacon.
- Book, H. E. (1988). Empathy: Misconceptions and misuses in psychotherapy. *American Journal of Psychiatry*, 145, 420-424.
- Bowen, M. (1978). *Family therapy in clinical practice*. Northvale, NJ: Jason Aronson.
- Bowlby, J. (1973). *Separation: Anxiety and anger* (Attachment and loss, volume 2). London, UK: The Tavistock Institute of Human Relations.
- Bowlby, J. (1988). *Parent-child attachment and healthy human development*. New York: Basic Books.
- Burbatti, G. L. and Formenti, L. (1988). *The Milan approach to family therapy*. Northvale, NJ: Jason Aronson.

- Capps, D. (1983). *Lifecycle theory and pastoral care*. Philadelphia: Fortress Press.
- Chapman, G. (1998/2008). *Desperate marriages: Moving toward hope and healing in your relationship*. Chicago: Northfield Publishing.
- Clinton, T. and Straub, J. (2008). God attachment. *Christian Counseling Today*, 16 (4): 20-24.
- Cloud, H. and Townsend, J. (1999). *Boundaries in marriage*. Grand Rapids, MI: Zondervan.
- Conte, J. M., Landy, F. J., and Mathieu, J. E. (1995). Time urgency: Conceptual and construct development. *Journal of Applied Psychology*, 80: 178-185.
- Corey, G. (2005). *Theory and practice of counseling and psychotherapy* (7th ed.). Belmont, CA: Brooks/Cole.
- Day, A. L. and Jreige, S. (2002). Examining Type A behavior pattern to explain the relationship between job stressors and psychosocial outcomes. *Journal of Occupational Health Psychology*, 7: 109-120.
- Egan, G. (1990). *The skilled helper: A systematic approach to effective helping* (4th ed). Wadsworth, CA: Brooks-Cole Publishing.
- Emmelkamp, P. M. G., and Karsdorp, E. P. (1987). The effects of perceived parental rearing style on the development of Type A pattern. *European Journal of Personality*, 1: 223-230.
- Episcopal Church, The. (1979). *The book of common prayer: And administration of the sacraments and other rites and ceremonies of the church, according to the use of*

- Madame the Episcopal Church: together with the Psalter, or Psalms of David. New York: Seabury Press.
- Erikson, E. (1950/1963). *Childhood and society*. New York: W. W. Norton.
- Forgays, D. (1996). The relationship between Type A parenting and adolescent perceptions of family environment. *Adolescence*, 31(134), 841. Retrieved April 26, 2007 from the Psychology and Behavioral Sciences Collection database.
- Freud, S. (1965). The question of a *weltanschauung*. In J. Strachey (Trans), *New introductory lectures on psycho-analysis* (pp. 195-225). New York: W. W. Norton & Company. (Original work published 1931)
- Friedman, M. and Rosenman, R. H. (1974). *Type A behavior and your heart*. New York: Alfred A. Knopf.
- Ganz, R. (1993). *Psychobabble: The failure of modern psychology – and the Biblical alternative*. Wheaton, IL: Crossway Books.
- Kaufman, G. D. (1981). *The theological imagination: Constructing the concept of God*. Philadelphia: Westminster.
- Kegan, R. (1982). *The evolving self: Problem and process in human development*. Cambridge, MA: Harvard University Press.
- Kramer, C. H. (2000). *Therapeutic mastery: Becoming a more creative and effective psychotherapist*. Phoenix, AZ: Zeig, Tucker & Co.
- Leiken, L., Firestone, P., and McGrath, P. (1988). Physical symptom reporting in Type A and Type B children. *Journal of Consulting and Clinical Psychology*, 56: 721-726.

- Madanes, C. (1981). *Strategic family therapy*. San Francisco: Jossey-Bass.
- Malatesta-Magai, C., Jonas, R., Shepard, B., and Culver, L. C. (1990). Type A behavior pattern and emotional expression in younger and older adults. *Psychology and Aging*, 7: 551-561.
- McGoldrick, M. and Gerson, R. (1985). *Genograms in Family Assessment*. New York: W. W. Norton & Company.
- McMinn, M. R. (1996). *Psychology, theology, and spirituality in Christian counseling*. Wheaton, IL: Tyndale House Publishing.
- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Minuchin, S. and Fishman, H. C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.
- Minuchin, S., Lee, W-Y., and Simon, G. M. (1996). *Mastering family therapy: Journeys of growth and transformation*. New York: John Wiley & Son.
- Nichols, M. P. and Schwartz, R. C. (1994). *Family therapy: Concepts and methods* (3rd ed). Boston: Allyn and Bacon
- Nyberg, L., Bohlin G., Berlin, L., and Janols, L-O. (2003). Inhibition and executive functioning in type A and ADHD boys. *Nordic Journal of Psychiatry*, 57: 437-445.
- Owen, J. (1993). *Christian psychology's war on God's Word: The victimization of the believer*. Santa Barbara, CA: EastGate Publishers.

- Puppy love: Man marries a real dog. (2010, December 1). *Toowoomba Chronicle*.
Retrieved March 21, 2011, from <http://www.thechronicle.com.au/story/2010/12/1/man-marrys-dog-city-first-toowoomba/>
- Shafranske, E. P., ed. (1996). *Religion and the clinical practice of psychology*.
Washington, DC: American Psychological Association.
- Simpson, C. (1952/1980). Genesis (exegesis). *The Interpreter's Bible, Vol. 1*.
Nashville, TN: Abingdon Press.
- Sotile, W., and Sotile, M. (1996). High powered couples. *Psychology Today*,
July/August 1996: 50-55.
- Steinberg, L. (1985). Early temperamental antecedents of adult Type A behaviors.
Developmental Psychology, 21: 1171-1180.
- Strube, M. J., Berry, J. M., Goza, B. K., and Fennimore, D. (1985). Type A behavior,
age, and psychological well-being. *Journal of Personality and Social
Psychology, 49*: 203-218.
- Taft, R. H. (1909). *Inaugural Address, March 4, 1909*. Retrieved January 23, 2009,
from <http://www.bartleby.com/124/pres43.html>.
- Vetere, A. (2001). Structural family therapy. *Child Psychology & Psychiatry Review, 6*:
133-139.
- Vitz, P. C. (1977). *Psychology as religion: The cult of self-worship*. Grand Rapids, MI:
William B. Eerdmans Publishing Company.

White, M. and Epston, D. (1992). Experience, contradiction, narrative, and imagination.

Selected papers of David Epston and Michael White, 1989-1991. Adalaide,

BIRTH Australia: Dulwich Center Publications.

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June 17, 1978 Deacon in the Episcopal Church

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